

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007893

FILED
Apr 29, 2019
Secretary of State
2272361626CC

Entity Name: FELLOWSHIP LIVING FACILITIES, INC.

Current Principal Place of Business:

451 BANKS RD
UNIT # 8
MARGATE, FL 33063

Current Mailing Address:

451 BANKS RD
UNIT # 8
MARGATE, FL 33063 US

FEI Number: 03-0566838

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICCARDI, RICHARD V
4829 S HEMINGWAY CIRCLE
MARGATE, FL 33063 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name RICCARDI, RICHARD V
Address 4829 S HEMINGWAY CIRCLE
City-State-Zip: MARGATE FL 33063

Title DIR
Name RICCARDI, SUSAN
Address 4829 S HEMINGWAY CIRCLE
City-State-Zip: MARGATE FL 33063

Title DIR
Name SATTEE, ANDREW SEC
Address 1701 12 ST
City-State-Zip: FT LAUDERDALE FL 33301

Title DIR
Name RICCARDI, RICHARD PRES/TR
Address 4829 S HEMINGWAY CIRCLE
City-State-Zip: MARGATE FL 33063

Title COO
Name BARKLEY, SARA
Address 451 BANKS RD
 UNIT # 8
City-State-Zip: MARGATE FL 33063

Title DIRECTOR
Name RICCARDI, MICHAEL V
Address 8 WOODLEE ROAD
City-State-Zip: COLD SPRING HARBOR NY 11724

Title DIRECTOR
Name GLORIA, EDWARD
Address 3300 PONCE DE LEON
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name AHR, PAUL DR.
Address 515 N. SHORE DRIVE
City-State-Zip: MIAMI BEACH FL 33141

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD V. RICCARDI

CEO

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|-----------------------------|
| Title | DIRECTOR |
| Name | SMYTH, GARY |
| Address | 4121 NW FIFTH STREET 206 |
| City-State-Zip: | PLANTATION FL 33317 |