## 2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000007893

Entity Name: FELLOWSHIP RECOVERY COMMUNITY ORGANIZATION, INC.

FILED Feb 21, 2022 Secretary of State 8662505737CR

## **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: Yes

## Name and Address of Current Registered Agent:

FELLOWSHIP LIVING FACILITIES 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: RICHARD V RICCARDI 02/21/2022

**Electronic Signature of Registered Agent** 

Date

Officer/Director Detail:

Title CEO Title DIR

Name RICCARDI, RICHARD V Name RICCARDI, SUSAN

Address 4829 S HEMINGWAY CIRCLE Address 4829 S HEMINGWAY CIRCLE

City-State-Zip: MARGATE FL 33063 City-State-Zip: MARGATE FL 33063

Title DIR Title DIR

Name SATTEE, ANDREW SEC Name RICCARDI, RICHARD PRES/TR
Address 1701 12 ST Address 4829 S HEMINGWAY CIRCLE

City-State-Zip: FT LAUDERDALE FL 33301 City-State-Zip: MARGATE FL 33063

Title COO Title DIRECTOR

Name BARKLEY, SARA Name RICCARDI, MICHAEL V
Address 451 BANKS RD Address 8 WOODLEE ROAD

UNIT#8

UNIT # 8 City-State-Zip: COLD SPRING HARBOR NY 11724
City-State-Zip: MARGATE FL 33063

Title DIRECTOR
Name SMYTH, GARY

Address 4121 NW FIFTH STREET

206

City-State-Zip: PLANTATION FL 33317

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 RICCARDI PRESIDENT 02/21/2022