

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000011437

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**0796820991CC**

**Entity Name:** FELLOWSHIP FOUNDATION RECOVERY COMMUNITY ORGANIZATION, INC.

**Current Principal Place of Business:**

451 BANKS ROAD, UNIT 8  
MARGATE, FL 33312

**Current Mailing Address:**

451 BANKS ROAD, UNIT 8  
MARGATE, FL 33312 US

**FEI Number: 81-0748392**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HAILE, SHAW & PFAFFENBERGER, P.A.  
6660 US HWY ONE, THIRD FLOOR  
NORTH PALM BEACH, FL 33408 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 D  
Name RICCARDI, RICHARD V  
Address 4829 S HEMINGWAY CIR  
City-State-Zip: MARGATE FL

Title D  
Name AHR, PAUL R DR  
Address 515 N SHORE DR  
City-State-Zip: MIAMI BEACH FL 33141

Title D  
Name LEHMAN, JOHN  
Address 7859 JEWELWOOD DR  
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR  
Name VENTRE, PETER DR.  
Address 1400 E. OAKLAND PARK DRIVE  
210  
City-State-Zip: OAKLAND PARK FL 33334

Title COO  
Name BARKLEY, SARA  
Address 451 BANKS ROAD, UNIT 8  
City-State-Zip: MARGATE FL 33312

Title DIRECTOR  
Name RICCARDI, SUSAN  
Address 4829 N. HEMINGWAY CIRCLE  
City-State-Zip: MARGATE FL 33063

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

Title DIRECTOR  
Name FEINGOLD, JIF  
Address 915 MIDDLE RIVER DRIVE  
114  
City-State-Zip: FORT LAUDERDALE FL 33304

*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**

**PRESIDENT**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date