

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000011437

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

**FILED**  
**May 11, 2018**  
**Secretary of State**  
**CC0825513862**

**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                      | Title           | D                    |
| Name            | RICCARDI, RICHARD V    | Name            | AHR, PAUL R DR       |
| Address         | 4829 S HEMINGWAY CIR   | Address         | 515 N SHORE DR       |
| City-State-Zip: | MARGATE FL             | City-State-Zip: | MIAMI BEACH FL 33141 |
|                 |                        |                 |                      |
| Title           | D                      |                 |                      |
| Name            | LEHMAN, JOHN           |                 |                      |
| Address         | 7859 JEWELWOOD DR      |                 |                      |
| City-State-Zip: | BOYNTON BEACH FL 33437 |                 |                      |

*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**

**DIRECTOR**

**05/11/2018**

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

\_\_\_\_\_  
Date