

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90139 026 ****61.25

DOCUMENT # 708668

1. Entity Name

FELLOWSHIP INCORPORATED



Principal Place of Business

140 N W 44TH ST
OAKLAND PARK FL 33309

Mailing Address

%CHARLES FISCHER
9900 W. SAMPLE RD STE 300
CORAL SPRINGS FL 33065
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6159363

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISCHER, CHARLES
9900 W. SAMPLE RD
STE 300
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

T
NAME FISCHER, CHARLES ☐ Delete
STREET ADDRESS 9900 W. SAMPLE RD STE 300
CITY-ST-ZIP CORAL SPRINGS FL 3306

C
NAME CASHERA, STEVE ☐ Delete
STREET ADDRESS 900 SE 1 ST #16
CITY-ST-ZIP POMPAN BEACH FL 33060

D
NAME RAY, WILLIAMS J ☐ Delete
STREET ADDRESS 140 NW 44 ST
CITY-ST-ZIP OAKLAND PARK FL 33309

VD ☒ Delete
NAME TOLLMANGE, RON
STREET ADDRESS 5560 SW 2 CT
CITY-ST-ZIP PLANTATION FL 33317

D ☒ Delete
NAME HIGGENBOTHOM, EARL
STREET ADDRESS 140 NW 44 ST
CITY-ST-ZIP OAKLAND PARK FL 33309

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Change ☒ Addition
NAME MICHAEL BINDER
STREET ADDRESS 140 NW 44 ST
CITY-ST-ZIP OAKLAND PARK FL 33309

D ☐ Change ☒ Addition
NAME SOL GOLDENBERG
STREET ADDRESS 140 NW 44 ST
CITY-ST-ZIP OAKLAND PARK FL 33309

D ☐ Change ☒ Addition
NAME ANONAW HOFFER
STREET ADDRESS 140 NW 44 ST
CITY-ST-ZIP OAKLAND PARK FL 33309

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Fischer CHARLES FISCHER 3/28/06 9543407474