

**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: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country

4. FEI Number: **59-6159363**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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**

TITLE	T	<input type="checkbox"/> Delete
NAME	FISCHER, CHARLES	
STREET ADDRESS	9900 W. SAMPLE RD STE 300	
CITY-ST-ZIP	CORAL SPRINGS FL 3306	
TITLE	C	<input type="checkbox"/> Delete
NAME	CASHERA, STEVE	
STREET ADDRESS	900 SE 1 ST #16	
CITY-ST-ZIP	POMPANNO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAY, WILLIAMS J	
STREET ADDRESS	140 NW 44 ST	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TOLLMANGE, RON	
STREET ADDRESS	5560 SW 2 CT	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIGGENBOTHOM, EARL	
STREET ADDRESS	140 NW 44 ST	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL BINDER	
STREET ADDRESS	140NW 44ST	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOL GOLDENBERG	
STREET ADDRESS	140NW 44ST	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANONAW HOFFER	
STREET ADDRESS	140NW 44ST	
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