

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mouton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 4:18

DOCUMENT # 731523 (7)

FELLOWSHIP HALL, INC.

Principal Place of Business	Mailing Address
301 ST. LUCIE AVENUE STUART FL 34994-2119 US	301 ST. LUCIE STREET STUART FL 34994 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1974	3a. Date of Last Report 06/21/1994
4. FEI Number 59-1858889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <input type="checkbox"/> Suite, Apt. #, etc.	26 <input type="checkbox"/> Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

ROOS, ANITA
2340 PINE LAKE DRIVE
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name	Andrew Marlin
82 Street Address (P.O. Box Number is Not Acceptable)	1070 SE Letha Circle
83 City	Stuart
85 Zip Code	FL 34994

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Andrew A. Marlin TREASURER ANDREW A. MARLIN DATE 2-24-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARLIN, ANDREW
STREET ADDRESS	3311 SUNSET TRACE CIR.
CITY-ST-ZIP	PALM CITY FL
TITLE	D
NAME	CASEY, DAN
STREET ADDRESS	1337 SW MARTIN HWY.
CITY-ST-ZIP	PALM CITY FL
TITLE	TD
NAME	ROOS, ANITA
STREET ADDRESS	2340 PINE LAKE TERRACE
CITY-ST-ZIP	STUART FL
TITLE	V
NAME	LEAVITT, RUTH
STREET ADDRESS	2776 SE LA PLAMA TERRACE
CITY-ST-ZIP	STUART FL
TITLE	D
NAME	MEYER, ARLAND
STREET ADDRESS	1407 SE LARKWOOD CIRCLE
CITY-ST-ZIP	PT. ST. LUCIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TD Andrew Marlin
13 STREET ADDRESS	1070 SE Letha Circle, Stuart Fl.
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PD Dan Casey
23 STREET ADDRESS	1337 SW Martin Hwy.
24 CITY-ST-ZIP	Palm City Fl.
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D Anita Roos
33 STREET ADDRESS	2340 Pine Lake Terrace, Stuart Fl.
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SD Ruth Leavitt
43 STREET ADDRESS	2776 SE LaPlama Terrace
44 CITY-ST-ZIP	Stuart, Fl.
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	YD Arland Meyer
53 STREET ADDRESS	1407 SE Larkwood Circle
54 CITY-ST-ZIP	Pt. St. Lucie, Fl.
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth C. Leavitt SECRETARY 283-6023 407-283-6023