

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731523 (7)

1. Corporation Name  
FELLOWSHIP HALL, INC.



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

3. Date Incorporated or Qualified: 12/31/1974  
3a. Date of Last Report: 02/28/1995  
4. FEI Number: 59-1858889  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 [ ]  
2a. Mailing Address: 26 301 ST. LUCIE AVENUE  
Suite, Apt. #, etc.: 22 [ ]  
City & State: 23 [ ]  
City & State: 27 [ ]  
City & State: 28 [ ]  
Zip: 24 34994-2185 Country: 25 [ ]  
Zip: 29 [ ] Country: 30 [ ]

9. Name and Address of Current Registered Agent  
MARLIN, ANDREW  
1070 SE LETHA CIRCLE  
STUART FL 34994

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 [ ]  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [ ] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> DELETE
NAME	MARLIN, ANDREW
STREET ADDRESS	1070 SE LETHA CIRCLE
CITY - ST - ZIP	STUART FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	CASEY, DAN
STREET ADDRESS	1337 SW MARTIN HWY.
CITY - ST - ZIP	PALM CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROOS, ANITA
STREET ADDRESS	2340 PINE LAKE TERRACE
CITY - ST - ZIP	STUART FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	LEAVITT, RUTH
STREET ADDRESS	2776 SE LA PLAMA TERRACE
CITY - ST - ZIP	STUART FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	MEYER, ARLAND
STREET ADDRESS	1407 SE LARKWOOD CIRCLE
CITY - ST - ZIP	PT. ST. LUCIE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	LA PALMA NOT LA PLAMA
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD DAVID GRIFFIN
5.3 STREET ADDRESS	5156 SE MANATEE TERRACE
5.4 CITY - ST - ZIP	STUART, FL 34997
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: Andrew A. Marlin ANDREW A. MARLIN TD 2-21-96 407-220-9635  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)