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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731523 (7)

1. Corporation Name
FELLOWSHIP HALL, INC.



Principal Place of Business 301 ST. LUCIE AVENUE STUART FL 34994-2185 US	Mailing Address 301 ST. LUCIE AVENUE STUART FL 34994-2137 US
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3. Date Incorporated or Qualified 12/31/1974		3a. Date of Last Report 02/28/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 59-1858889	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	25 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 WEIBEL STEPHEN
82 Street Address (P.O. Box Number is Not Acceptable) 626 SW RUSTIC CIRCLE
83
84 City STUART FL 85 Zip Code 34997

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 *Stephen Weibel* **STEPHEN WEIBEL** **4/2/97**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MARLIN, ANDREW	
STREET ADDRESS	1070 SE LETHA CIRCLE	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, DAN	
STREET ADDRESS	1337 SW MARTIN HWY.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input checked="" 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 PALMA	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, DAVID	
STREET ADDRESS	5156 SE MANATEE TERRACE	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WEIBEL, STEPHEN	
1.3 STREET ADDRESS	626 SW RUSTIC CIRCLE	
1.4 CITY-ST-ZIP	STUART FL 34997	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MCLURE, DAVID	
2.3 STREET ADDRESS	333 MARTIN AVE ART 16	
2.4 CITY-ST-ZIP	STUART FL 34996	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GRIFFIN, DAVID	
3.3 STREET ADDRESS	5156 SE MANATEE TERRACE	
3.4 CITY-ST-ZIP	STUART FL 34997	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an Attachment with an address.

SIGNATURE *David Mclure* **DAVID MCLURE** **4/2/97** **5612880018**

CR2E037 (9/96)