2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2001 8:00 am
Secretary of State

05-04-2001 90130 007 ****61.25

DOCUMENT # 731523

1. Entity Name

FELLOWSHIP HALL, INC.

Principal Place of Business	Mailing Address
301 ST. LUCIE AVENUE STUART FL 34994-2185 US	301 ST. LUCIE AVENUE STUART FL 34994 US

6172

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1858889 — Applied For / Not Applicable

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
~~REINHOLD, MARGARET~~ FOWLER, MARYLOU T. ~~301 ST. LUCIE AVE.~~ 301 ST LUCIE AVE ~~STUART FL 34997~~ STUART, FL 34997	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.

SIGNATURE [signature] 5/25/01

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	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	~~TR~~ VD ☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME	REINHOLD, MARGARET	NAME	KIM KAMUCA
STREET ADDRESS	3021 SE ASTER #701	STREET ADDRESS	670 SW CLEVELAND AVE
CITY-ST-ZIP	STUART FL 34994	CITY-ST-ZIP	STUART, FL 34994
TITLE	PD ☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME	ALLISON, KATHLEEN	NAME	ANN KEEFE
STREET ADDRESS	4372 SW BIMINI CIR N.	STREET ADDRESS	1589 SWEETBAY CIRCLE
CITY-ST-ZIP	PALM CITY FL 34990	CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	~~VD~~ TD ☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME	FOWLER, MARYLOU	NAME	JIM WANTIER
STREET ADDRESS	8240 CINAMMON CT.	STREET ADDRESS	513 RIVERPOINT DRIVE SO
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	CITY-ST-ZIP	STUART, FL 34984
TITLE	~~PD~~ SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEBORAH MACK	NAME	
STREET ADDRESS	4040 NE SUGARHILL AVE	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAURA BIANCO	NAME	
STREET ADDRESS	1396 NE WAVERLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAROL JEAN SPENCER	NAME	
STREET ADDRESS	~~[illegible]~~ 2 CYPRESS DR.	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	

CR2E037 (10/00)

12. I 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 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: [signature] April 25, 2001 561-879-4970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #