

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90035 047 \*\*\*\*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**

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

**FOWLER, MARLOU T  
 301 ST. LUCIE AVE.  
 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

*Marlou T Fowler* *Marlou T Fowler* *02/02/02*

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  Delete  
 NAME **RD REINHOLD, MARGARET**  
 STREET ADDRESS **3021 SE ASTER #701**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE  Change  Addition  
 NAME **PD LAURA BIANCO**  
 STREET ADDRESS **1396 NE WAUVELAND AVE**  
 CITY-ST-ZIP **TENSEN BEACH, FL 34952**

TITLE  Delete  
 NAME **VD ALLISON, KATHLEEN**  
 STREET ADDRESS **4372 SW BIMINI CIR N.**  
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE  Change  Addition  
 NAME **SD DONWARD**  
 STREET ADDRESS **9073 SE HOBE RIDGE AVE**  
 CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE  Delete  
 NAME **TD FOWLER, MARYLOU**  
 STREET ADDRESS **8240 CINAMMON CT.**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE  Change  Addition  
 NAME **D CAROL JEAN SPENCER**  
 STREET ADDRESS **204 CYPRESS DR.**  
 CITY-ST-ZIP **TENSEN BEACH, FL 34957**

TITLE  Delete  
 NAME **D KAMUCA, KIM**  
 STREET ADDRESS **670 SW CLEVELAND AVE**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D KEEFE, ANN**  
 STREET ADDRESS **1589 SWEETBAY CIRCLE**  
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D WANTIEZ, JIM**  
 STREET ADDRESS **513 RIVERPOINT DRIVE SO**  
 CITY-ST-ZIP **STUART FL 34984**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Marlou T Fowler* *TREAS.* *02/02/02* *561-879-4970*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)