


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90084 019 ****61.25

DOCUMENT # 731523
 1. Entity 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 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03092004 Chg-NP CR2E037 (10/03)

City & State
 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
BORAH, CAROLE
301 ST. LUCIE AVE.
STUART, FL 34997

7. Name and Address of New Registered Agent
 Name **CAROLE L. BORAH**
 Street Address (P.O. Box Number is Not Acceptable)
301 ST LUCIE AVE.
STUART
 City **FL** Zip Code **34997**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carole Borah, Treasurer* DATE *3/09/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BIANCO, LAURA	
STREET ADDRESS	1396 WAVELAND AVE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALLISON, KATHLEEN	
STREET ADDRESS	4372 SW BIMINI CIR N.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BORAH, CAROLE	
STREET ADDRESS	6121 SE RIVERBOAT DR	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, DON	
STREET ADDRESS	6065 SE CIRCLE STREET	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEEFE, ANN	
STREET ADDRESS	1589 SWEETBAY CIRCLE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	WANTIEZ, JIM	
STREET ADDRESS	513 RIVERPOINT DRIVE SO	
CITY-ST-ZIP	STUART, FL 34984	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE HUGHES	
STREET ADDRESS	2209 OLYMPIC CLUB TERRACE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATE ALISON	
STREET ADDRESS	4372 SW BIMINI CIR.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Carole Borah* DATE: *3/09/04* DAYTIME PHONE #: *772 289-2207*

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