

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 07, 2006
Secretary of State**

DOCUMENT# 731523

Entity Name: FELLOWSHIP HALL, INC.

Current Principal Place of Business:

301 ST. LUCIE AVENUE
STUART, FL 349942185 US

New Principal Place of Business:

Current Mailing Address:

301 ST. LUCIE AVENUE
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-1858889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, DON D
301 ST. LUCIE AVE.
STUART, FL 34997 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUGHES, GEORGE
Address: 2209 OLYMPIC CLUB TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: VD () Delete
Name: BORAH, CAROLE
Address: 6121 SE RIVERBOAT DR
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: WARD, DON
Address: 6065 SE CIRCLE STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: GLANCY, KATHLEEN
Address: 5282 SW BIMINI
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: ALLISON, KATE
Address: 4372 SW BIMINI CIR.
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: WANTIEZ, JIM
Address: 513 RIVERPOINT DRIVE SO
City-St-Zip: STUART, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON D. WARD

TD

01/07/2006

Electronic Signature of Signing Officer or Director

Date