


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90012 015 ****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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02262007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1858889

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable



6. Name and Address of Current Registered Agent

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

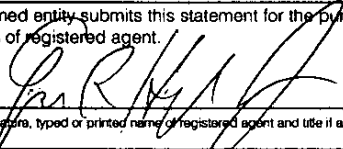
7. Name and Address of New Registered Agent

Name **HUGHES, GEORGE R JR**

Street Address (P.O. Box Number is Not Acceptable)
301 ST LUCIE AVE

City **STUART** State **FL** Zip Code **34994**

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  **Treasurer** **2/27/7**

(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, GEORGE 2209 OLYMPIC CLUB TERRACE PALM CITY, FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORAH, CAROLE 6121 SE RIVERBOAT DR STUART, FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARD, DON 6065 SE CIRCLE STREET HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLANCY, KATHLEEN 5282 SW BIMINI PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON, KATE 4372 SW BIMINI CIR. PALM CITY, FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANTIEZ, JIM 513 RIVERPOINT DRIVE SO STUART, FL 34984	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GURDON S WATTLES 20 RIDGEVIEW ROAD NORTH SEWALL'S POINT, FL 34996 Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LYLE CRISSINGER 950 S KANNER HWY, UNIT C-4 STUART, FL 34994 Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETE CRANE 2 CYPRESS DR JENSEN BEACH, FL 34957 Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURIE HANNA 577 SE PRESCOTT PLACE STUART, FL 34994 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **GEORGE R HUGHES JR** **2/27/7** **772-463-7717**

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