

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731523

FILED  
Apr 25, 2012  
Secretary of State

**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:**

ARLIA, JOANNE C  
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: SD  
Name: ARLIA, JOANNE C  
Address: 6524 SE BROADMOOR LANE  
City-St-Zip: STUART, FL 34997

Title: PD  
Name: WATTLES, STAN  
Address: 20 RIDGEVIEW ROAD NORTH  
City-St-Zip: STUART, FL 34996

Title: VD  
Name: PARKINSON, RITA L  
Address: 1900 S KANNER HIGHWAY 6-206  
City-St-Zip: STUART, FL 34994

Title: TD  
Name: FIRKEY, LESTER  
Address: 828 SE FOURTEENTH ST  
City-St-Zip: STUART, FL 34994

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

Title: D  
Name: MURRAY, FRANCES A  
Address: 6531 SE FEDERAL HIGHWAY H-203  
City-St-Zip: STUART, FL 34997

I hereby 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 all other like empowered.

SIGNATURE: LESTER FIRKEY

TD

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date