

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90161 036 ****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

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FOWLER, MARLOU T
301 ST. LUCIE AVE.
STUART FL 34997**

7. Name and Address of New Registered Agent

Name **CAROLE BORAH**

Street Address (P.O. Box Number is Not Acceptable)

301 S. LUCIE AVE

STUART, FL 34997

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

SIGNATURE *Carole Borah, Treasurer*

5/21/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REINHOLD, MARGARET	
STREET ADDRESS	3021 SE ASTER #701	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALLISON, KATHLEEN	
STREET ADDRESS	4372 SW BIMINI CIR N.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FOWLER, MARYLOU	
STREET ADDRESS	8240 CINAMMON CT.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAMUCA, KIM	
STREET ADDRESS	670 SW CLEVELAND AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURA BIANCO	
STREET ADDRESS	1396 WAVELAND AVE.	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
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	CAROLE BORAH	
STREET ADDRESS	6121 SE RIVERPORT DR	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON WARD	
STREET ADDRESS	6065 SE CIRCLE ST.	
CITY-ST-ZIP	HORSE SHOES, FL 33455	
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)(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:

Carole Borah **REQUIRED**

5/21/03

772-708-3536

CR2E037 (10/02)