

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 29 1996 8:00 am
Secretary of State

DOCUMENT # **766165** (5)
1. Corporation Name
FELLOWSHIP FOUNDATION, INC.



Principal Place of Business: % MARSHALL RUBIN, 5711 SOUTH DIXIE HIGHWAY, SOUTH MIAMI FL 33143
Mailing Address: 5711 SOUTH DIXIE HIGHWAY, 5711 SOUTH DIXIE HIGHWAY, SOUTH MIAMI FL 33143, US

3. Date Incorporated or Qualified: 12/15/1982
3a. Date of Last Report: 02/15/1995
4. FEI Number: 59-2257262
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: %Publio M. Santana
2a. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent: KALLERGIS, NICHOLAS, 5711 S DIXIE HWY, SOUTH MIAMI FL 33143
10. Name and Address of New Registered Agent: 81 Name: PUBLIO M. SANTANA, 82 Street Address: 5711 South Dixie Highway, 83, 84 City: South Miami, FL 85 Zip Code: 33143

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* Publio M. Santana, DATE: 2/22/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE: PD NAME: PFAFF, RUSS STREET ADDRESS: 5901 SW 116TH ST CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE	11 TITLE: 12 NAME: 13 STREET ADDRESS: 14 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: BEARD, WENDELL STREET ADDRESS: 3600 NW 82ND AVE CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE	21 TITLE: TD 22 NAME: Al Klomprens 23 STREET ADDRESS: 9131 SW 13 Street 24 CITY-ST-ZIP: Miami, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: AT NAME: KREISBERG, IRVING STREET ADDRESS: 251 CRANDON BLVD CITY-ST-ZIP: KEY BISCAYNE FL	<input type="checkbox"/> DELETE	31 TITLE: PD 32 NAME: 33 STREET ADDRESS: 34 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HOLLUB, HELENE STREET ADDRESS: 7350 SW 152ND TERR CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE	41 TITLE: SD 42 NAME: Irene Hernandez 43 STREET ADDRESS: 8600 Schoolhouse Road 44 CITY-ST-ZIP: Miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: GRAUL, DAVID STREET ADDRESS: 201 ALHAMBRA CIRCLE CITY-ST-ZIP: CORAL GABLES FL	<input type="checkbox"/> DELETE	51 TITLE: D 52 NAME: 53 STREET ADDRESS: 14520 SW 79 Avenue 54 CITY-ST-ZIP: Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Irving Kreisberg, President, DATE: 2/22/96, (305) 667-1036

CR2E037 (12/95)