2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766165

Entity Name: FELLOWSHIP HOUSE FOUNDATION, INC.

FILED Feb 13, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	TH DIXIE HIGH AMI, FL 33143						
Current Mailing Address:				New Mailing Address:			
	TH DIXIE HIGH AMI, FL 33143						
FEI Number:	59-2257262	FEI Number Applied For()	FEI Nun	nber Not Appl	icable()	Certificate of Status Desi	red ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MATOS-LACASA, MARY 9200 S DADELAND BLVD SUITE 101 MIAMI, FL 33156 US				GIAMPAOLO, JOHN C VP ADM 5711 S. DIXIE HWY MIAMI, FL 33143 US			
The above in the State		ubmits this statement for the p	urpose o	f changing i	ts registered o	office or registered agen	t, or both,
SIGNATURE: JOHN GIAMPAOLO				02/13/2004			
	Electron	c Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AND D	IRECTORS:
Title: Name: Address: City-St-Zip:	TD () KLOMPARENS, 9131 SW 19 ST MIAMI, FL 3316			Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () GREEN, NANCY 10320 SW 69 A' MIAMI, FL 3315	VENUE		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () JUNG, PETER 14303 SW 80 A' MIAMI, FL 3315			Title: Name: Address: City-St-Zip:	KREISBERG, I	BLVD APT#500	
Title: Name: Address: City-St-Zip:	CD () SIBLEY, CURTIS 1201 SAN IGNA CORAL GABLES	CIO AVE		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () SANTANA, PUBI 5711 S DIXIE H S MIAMI, FL 33	NΥ		Title: Name: Address: City-St-Zip:	PD (X SANTANA, PUE 5711 S DIXIE I S MIAMI, FL 3	I WY	
Title: Name: Address: City-St-Zip:	P (X) WIENER, HOWA 5711 S DIXIE H' SOUTH MIAMI, F	NΥ		Title: Name: Address: City-St-Zip:	()) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PUBLIO M. SANTANA PD 02/13/2004