


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003409	
1. Entity Name PHILANTHROPIC FELLOWSHIP, INC.	

Principal Place of Business 2525 LAKE DR, STE. C4 SINGER ISLAND, FL 33404	Mailing Address 2525 LAKE DR, STE. C4 SINGER ISLAND, FL 33404
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09152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000172425

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HOUK, JULIE L 7604 HELENA DR FALLS CHURCH, VA 22044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUK, JOHN T III 7604 HELENA DR FALLS CHURCH, VA 22044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD HOUK, JOHN T II 2525 LAKE DR C4 SINGER ISLAND, FL 33404
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IN THIS SPACE**

09/21/04-80002-011 61.25

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Houk, III 9/15/04 800-986-4483

Date

Daytime Phone #