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

DOCUMENT # N0000003409

1. Entity Name

PHILANTHROPIC FELLOWSHIP, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90495 035 ****61.25

| Principal Place of Business | | | ng Address | | | | ı - | | |
|---|--|--------------------------|--|--------------------------------|---|---|--------------------|-----------------|--|
| 2525 LAKE DR. STE. C4 SINGER ISLAND FL 33404 | | | lake Dr. Ste. C4 Er island fl 33404 | | | 10003366 | | | |
| | | | | | 1 100 filat dit 00 | | | DICO SENI NOSTI | |
| 2. Principal Place of Business | | | iling Address | | | | | | |
| Suite, Apt. #, etc. | | | uite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | | ity & State | | 4. FEI Number N | 4. FEI Number NOT APPLICABLE Applied For Not Applicable | | | |
| Zip Country Zip | | | р | Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | ed Agent | | 7. Name and Address of New Registered Agent | | | | |
| | | | | Name | Name | | | | |
| CT CORPORATION SYSTEM | | | | Street Add | dress (P.O. Box Number is N | ot Acceptable) | - | | |
| PLANTATION FL 33324 | | | | | | | | - | |
| ν, | | | | City | FL Zip Code | | | e | |
| 8 The above | e named entity submits this statemen | nt for the nur | soca of changing its | registered office or re | egistered agent or both in t | | miliar with | and accont | |
| | tions of registered agent. | icioi cio pui | Jose of Changing its | registered office of the | egistered agent, or both, in t | ne state of Florida, Taili fai | itillicat vettiti, | and accept | |
| | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered a | gent and title if an | nlicable (NOTE | E: Registered Agent signature | required when reinstating) | DATE | | | |
| | organization production and organization | 90.11 0.110 1.110 11 0.0 | (1101) | - Hogistoloo Ngotti olgitatalo | Todoso Williams) | | | | |
| | FILE NOW: FEE IS \$61,25 | | 9. Election Can | npaign Financing | \$5.00 May Be | Make Check | Pavable | to | |
| ' | FILE NOW. FEE 13 301.23 | | Trust Fund C | Contribution. | Added to Fees | Florida Departn | | | |
| 10, | OFFICERS AND | DIRECTORS | 1 | 11. | ADDITIONS (CHANGE | S TO OFFICERS AND DIRE | CTOPS IN | 110 | |
| TITLE | TSD | DIRECTOR | Delete | TITLE | ADDITIONS/CHANGE | | ☐ Change | Addition | |
| NAME | HOUK, JULIE L | | | NAME | | • | | | |
| STREET ADDRESS | 7604 HELENA DR | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | FALLS CHURCH VA 22044 | | | CITY-ST-ZIP | | | | | |
| TITLE | PD HOUR JOHN THE | | ☐ Delete | TITLE | | ſ | Change | Addition | |
| NAME Street address | HOUK, JOHN T III 7604 HELENA DR | | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | FALLS CHURCH VA 22044 | | | CITY-ST-ZIP | | | | ŀ | |
| TITLE | CEOD | 4 | Delete - | TITLE | | aa=s <u>.</u> [| Change - | 🗌 Addition | |
| NAME | HOUK, JOHN T II | | • | NAME | | | | | |
| STREET ADDRESS | 2525 LAKE DR C4 | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | SINGER ISLAND FL 33404 | | | CITY-ST-ZIP | | | | | |
| ritle Name | • | | ☐ Delete | TITLE NAME | | l | Change | ☐ Addition | |
| STREET ADDRESS | | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | | | |
| TITLE | | | ☐ Delete | TITLE | | [| Change | Addition | |
| NAME | | | | NAME | | | - | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | | } | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | | | |
| TITLE | | | ☐ Delete | TITLE | | [| Change | ☐ Addition ↓ | |
| NAME STREET ADDRESS | | | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 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:

MATURE NEW THEO

H15-03

800-986-4483