


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91256 044 \*\*\*\*61.25

**DOCUMENT # N02000009093**

1. Entity Name  
FELLOWSHIP FOR DEVELOPMENT INC.



Principal Place of Business  
87 ISLE OF VENICE DR  
SUITE #2  
FORT LAUDERDALE, FL 33301 US

Mailing Address  
87 ISLE OF VENICE DR  
SUITE #2  
FORT LAUDERDALE, FL 33301 US



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

04272004 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-1167929  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
KING, CAMERON O SR  
87 ISLE OF VENICE DR, SUITE  
SUITE #2  
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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	PD	<input type="checkbox"/> Delete
NAME	RONOKING, CAMERON	
STREET ADDRESS	87 ISLE OF VENICE DR.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KNOX, OWEN	
STREET ADDRESS	1192 NORTH STATE RD.	
CITY-ST-ZIP	LAUDEDALE, FL 33313	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SWABY, LAMATA	
STREET ADDRESS	355 NW 29 AVE.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHARP, ROSA	
STREET ADDRESS	3772 SW 16 CT.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HARROW, DEVA	
STREET ADDRESS	1011 NW 201 ST. ST.	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KNOX, DIANNE	
STREET ADDRESS	1192 NORTH STATE RD.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVERS-KING, JOEL	
STREET ADDRESS	7485 FARRAGUT AVE,	
CITY-ST-ZIP	HOLLYWOOD FL. 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMELDA GILKES	
STREET ADDRESS	305 E 24th St. 10V	
CITY-ST-ZIP	NY NY 10010	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN LAWRENCE	
STREET ADDRESS	80 NE 2135	
CITY-ST-ZIP	N. MIAMI, FL. 33179	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARROW, DEVA	
STREET ADDRESS	1011 NW 201 ST ST.	
CITY-ST-ZIP	MIAMI FL. 333169	

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_