

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009093

FILED
Apr 07, 2012
Secretary of State

Entity Name: FELLOWSHIP FOR DEVELOPMENT INC.

Current Principal Place of Business:

809NE16THST
SUITE #809
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

809NE16THST
SUITE #809
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: 65-1167929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, CAMERON O SR
809 NE 16TH ST,
SUITE#809
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KING, CAMERON N SR
Address: 809NE 16TH ST, SUITE#809
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: VPD
Name: TRAVERS-KING, JOEL
Address: 7481 FARRAGUT ST..
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: VPD
Name: BARROCK, SEPTIMUS
Address: 5759 BLUEBERRY CT
City-St-Zip: LAUDERHILL, FL 33313 US

Title: VPD
Name: GILKES, AMELDA M
Address: 817 CROWN ST 2ND FLOOR
City-St-Zip: BROOKLYN, NY 11213 US

Title: VPD
Name: MORTLEY, ELVIS O
Address: 2221 MONROE ST. APT 10
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VPD
Name: KING, RAWLSON O
Address: 809 NE16THST
City-St-Zip: FORT LAUDERDALE, FL 33304 US

I hereby 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 all other like empowered.

SIGNATURE: CAMERON KING

PD

04/07/2012

Electronic Signature of Signing Officer or Director

_____ Date