

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001464

FILED
Apr 28, 2009
Secretary of State

Entity Name: FELLOWSHIP FOUNDATION, INC.

Current Principal Place of Business:

5343 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

5343 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-1218696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLINS, THOMAS D DR
5343 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33418 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: CP () Delete
Name: MULLINS, J. T
Address: 8283 SOUTH BATES RD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: SMITH, RICHARD M
Address: 11847 162ND PLACE N
City-St-Zip: JUPITER, FL 33478

Title: VC () Delete
Name: AUSTIN, STEPHEN P
Address: 1881 W. FREDERICK SMALL ROAD
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: MULLINS, THOMAS DR
Address: 8735 NORTH ELIZABETH AVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: EICKHOFF, WILLIAM DR
Address: 212 BARBADOS DR
City-St-Zip: JUPITER, FL 33458

Title: ST () Delete
Name: MILLER, DONALD W
Address: 2347 PROSPERITY BAY CRT
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEPHEN AUSTIN

VC

04/28/2009

Electronic Signature of Signing Officer or Director

Date