

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90062 024 \*\*\*\*70.00

DOCUMENT # N07000003457

1. Entity Name  
FELLOWSHIP UNION, INC.



Principal Place of Business  
1111 CENTER STONE LANE  
RIVIERA BEACH, FL 33404

Mailing Address  
1111 CENTER STONE LANE  
RIVIERA BEACH, FL 33404

2. Principal Place of Business - No P.O. Box #

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142008 Chg-NP CR2E037 (12/06)

74-3217879

4. FEI Number

74-3217879

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CIGGS, JAMES  
1111 CENTER STONE LANE  
RIVIERA BEACH, FL 33404

7. Name and Address of New Registered Agent

Name

SAME

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

*James Ciggs*

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

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 DP  
NAME CIGGS, JAMES  
STREET ADDRESS 1111 CENTER STONE LANE  
CITY-ST-ZIP RIVIERA BEACH, FL 33404 ☐ Delete

TITLE DT  
NAME KING, JOSEPH  
STREET ADDRESS 444 NW 10 AVE.  
CITY-ST-ZIP FT. LAUDERDALE, FL 33311 ☐ Delete

TITLE DV  
NAME MITCHELL, LARRY D.  
STREET ADDRESS 3360 NW 205 ST.  
CITY-ST-ZIP OPA LOCKA, FL 33056 ☐ Delete

TITLE DS  
NAME HUGLEY, ANTHONY  
STREET ADDRESS 4241 NW 19 ST., #161  
CITY-ST-ZIP FT. LAUDERDALE, FL 33313 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

*James Ciggs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #