

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011287

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** CENTER POINTE FELLOWSHIP, INC.

**Current Principal Place of Business:**

1275 GATEWAY BLVD  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

1014 GATEWAY BLVD.  
109  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

1275 GATEWAY BLVD  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

1014 GATEWAY BLVD.  
109  
BOYNTON BEACH, FL 33426

**FEI Number:** 27-1399707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARLEN, ROBERT M  
101 SE 6TH AVENUE  
SUITE D  
DELRAY BEACH, FL 33483 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:** HAWKINS, JOHN SR.  
**Address:** 1014 GATEWAY BLVD. SUITE 109  
**City-St-Zip:** BOYNTON BEACH, FL 33426

**Title:** VPD  
**Name:** HAWKINS, JOHN JR.  
**Address:** 406 43RD STREET  
**City-St-Zip:** WEST PALM BEACH, FL 33407

**Title:** SD  
**Name:** CARANZZA, HOLLY  
**Address:** 6877 TURTLE BAY TERRACE  
**City-St-Zip:** LAKE WORTH, FL 33463

**Title:** TD  
**Name:** GALLO, DONELLA  
**Address:** 4175 COLLIN DRIVE  
**City-St-Zip:** WEST PALM BEACH, FL 33406

**Title:** AS  
**Name:** ARLEN, ROBERT M  
**Address:** 101 SE 6TH AVENUE  
**City-St-Zip:** DELRAY BEACH, FL 33483

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:** JOH HAWKINS, SR.

DR.

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date