2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2004 8:00 am Secretary of State

1. Entity Nan	MENT # N42886 FELLOWSHIP, INC.							02-20-20	004 9000:	3 020 ***	'61.25
Principal Place of Business 3375-G CAPITAL CIR. TALLAHASSEE, FL 32308		Mailing Address 3375-G CAPITAL CIR. TALLAHASSEE, FL 32308							5400	8932	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					02032004	Chg-NP	CR2E	037 (10/03)	
≃City & Sta	(6 and -for the angle deline) - 4 - 15 - 1 - 1	· ·City	/ & State	. "			-4. FELNumber 59-3085	176	·		pplied For ot Applicable
Zip	Country	Zip		Cour	ntry		5. Certificate o	f Status Desired	g 🗖	\$8.75 Ad Fee Require	
٠	6. Name and Address of Current	Registered	d Agent				7. Name and A	ddress of Nev	v Registered	d Agent	
	N, W. FREDERICK	_			Name						
	APITAL CR. NE SSEE, FL 32308			-	Street A	ddress (P.O. Box Number	is Not Accepta	ible)		
				-	City				F	Zip Coo	ie
8. The above the oblina	named entity submits this statement to	r the purpo	se of changing its r	egistered	d office o	r register	ed agent, or both	, in the State of	- '	- 1	and accept
8. The above the obliga	e named entity submits this statement fo tions of registered agent.	or the purpo	ose of changing its r	egistered	d office or	r register	red agent, or both	, in the State of	- '	- 1	, and accept
8. The above the obliga SIGNATURE	tions of registered agent.							, in the State of	Florida. I ar	n familiar with	and accept
the obliga	tions of registered agent.						ed agent, or both	, in the State of	- '	n familiar with	and accept
the obliga	tions of registered agent.			Registered .	Agent signati			ha district	Florida. I ar	n familiar with	· · · · · · · · · · · · · · · · · · ·
the obliga	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2004	and title if appli	cable. (NOTE:	Registered. paign Fire	Agent signati	ture required	\$5.00 May Be Added to Fees	50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Florida I ar OATE Make che- lorida Depa	ck payable	tate
the obliga SIGNATURE	Signature, typed or printed name of registered agent: Filling Fee is \$61.25	and title if appli	9. Election Cam Trust Fund Co	Registered paign Fire patribution	Agent signati	ture required	t when reinstating)	50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Florida I ar OATE Make che- lorida Depa	n familiar with ck payable, artment of S	tate
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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 attact print with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE W To Control of the Man

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Noloy

(850) 385-7444