FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

APR -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003132 (8)

1. Corporation Name

THE FELLOWSHIP CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4760 NORTH STATE ROAD 7 BLDG. "D" LAUDERDALE LAKES FL 33319	4760 NORTH STATE ROAD 7 BLDG. "D" LAUDERDALE LAKES FL 33319

3. Date Incorporated or Qualified: 07/06/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0209493 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

GORDON, JOHN M REV.
3228 NORTHWEST 88TH AVNEUE
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☑ Change ☐ Addition
NAME	GORDON, ANDREW	12 NAME		
STREET ADDRESS	9150 N W 38TH DRIVE #112	13 STREET ADDRESS	2800 NW 56 AVE APTH B201	
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	LAUDERHILL 33313	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BARCLAY, NEWTON E	22 NAME		
STREET ADDRESS	7432 S W 14TH CT	23 STREET ADDRESS		
CITY-ST-ZIP	N LAUDERDALE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☑ Change ☐ Addition
NAME	DUNK, ARTHUR	32 NAME		
STREET ADDRESS	7401 N W 34TH ST	33 STREET ADDRESS	7401 NW 76th CT	
CITY-ST-ZIP	TAMARAC FL	34 CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BURKE, OWEN	42 NAME		
STREET ADDRESS	3397 N W 34TH ST	43 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☑ Change ☐ Addition
NAME	MATTHEWS, CUSLYN	52 NAME	MATTHEWS, GISLYN	
STREET ADDRESS	455 N W 24 ST #206	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Newton E. Barclay NEWTON E. BARCLAY 011 MGR 4-26-95 305 779 2644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048760