## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

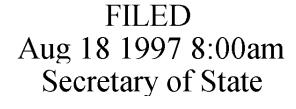
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300003132 (8)

THE FELLOWSHIP CENTER, INC.

Principal Place of Business

Mailing Address





4760 NORTH STATE ROAD 7 \$LDO. "D" LAUDERDALE LAKES FL 33319		4760 NORTH STATE ROAD 7 BLDG. "D" LAUDERDALE LAKES FL 33319-5860								
						3. Date Incorporated or Qualified 07/06/1993	3a. Date of Lat 07/08/	1996		
2. Principal Pl	2a. Mailing Address	Address			4. FEI Number		Applied For			
21 3500 W. Oakland Pk. Blvd. 26 P. O. Bo			5171			65-0209493		Not Applicable		
Sulte, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required		
City & State	•	City & State				6. Election Campaign Financing	\$5.0	00 May Be		
23 TLaud	erdale Lakes, Fl.	28 Ft. Lauderdale, Fl.				Trust Fund Contribution	☐ Add	ed to Fees		
Zip 24 3331		Zip 29 33310	try S.A.		8. This corporation has liability for intangifole tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent  81 Name				
					ame					
GORDON, JOHN M REV. 3228 NORTHWEST 88TH AVNEUE					eet Addr	ddress (P.O. Box Number is Not Acceptable)				
SUNRISE FL 33351				33		•				
				34 Cit	•			ip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 registere agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	OFFICERS AND		13.	Ageni sigi	nature requi	ADDITIONS/CHANGES TO OFFIC		ORS IN 12		
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			5.2 NAME							
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I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under 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 na appears in Block 12 or Block 13 if changed, or on an attachment with an address.