SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9300003132

1. Corporation Name

THE FELLOWSHIP CENTER, INC.

Country

Principal Place of Business 3500 W. OAKLAND PK, BLVD LAUDERDALE LAKES FL 33311

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

21

22

Mailing Address

P.O. BOX 5171

2a. Mailing Address

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES FL 33310

US

26

27

28 Zip

FILED Aug 20, 1999 8:00 am Secretary of State

08-20-1999 90003 050 ****61.25

)	

Date Incorporated or Qualifed

07/06/1993

65-0209493

5. Certificate of Status Desired

6. Election Campaign Financing

FEI Number

6 608307 - 90003 - 50 7 *

	25 29	30	Trust Fund Condition Added to Fees		
	Name and Address of Current Registered Agent		✓ 10. Name and Address of New Registered Agent		
GORDON, JOHN M REV. 82 Street Address (F			82 Street Address (P.O. Box Number is Not Acceptable) 8641 NW 52 Nd ST.		
)		}	84 City 85 Zip Code .		
}	·		LAUDERHILL FL 33851		
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 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 617.0503, Florida Statutes.					
SIGNATURE	ALOTT	- Bartatania	Agent signature required when reinstating) DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TILE	D DELETE	1.1 TII	ET O. STARTER		
NAME	GORDON, ANDREW	1.2 NA			
1	2800 NW 56 AVENUE APT. B201		REET ADDRESS 8641 NW 52 nd St.		
STREET ADDRESS	LAUDERHILL FL				
CITY-ST-ZIP	D DELETE	2.1 TIT	C3 01		
TITLE		2.1 III			
NAME	BARCLAY, NEWTON E 7432 S W 14TH CT				
STREET ADDRESS	N LAUDERDALE FL				
CITY-ST-ZIP	D DELETE	2. 4 CF			
TITLE	DUNK, ARTHUR	3.1 III 3.2 NA			
NAME	7401 NW 76TH COURT				
STREET ADDRESS	TAMARAC FL		5551		
CITY-ST-ZIP		3.4. CT	E-101		
TTLE			0.000		
NAME	BURKE, OWEN	4. 2 N			
STREET ADDRESS	3397 N W 34TH ST				
CITY-ST-ZIP	LAUDERDALE LAKES FL	_	TY-ST-ZIP POMPANO FL. 33069		
I TILE	D DELETE	5.1 TIT	<u> </u>		
NAME	MATTHEWS, CISLYN	5.2 NA	,		
STREET ADDRESS	455 N W 24 ST #206		REET ADDRESS		
CITY-ST-ZIP	MIAMI FL		Y-ST-ZIP		
mle	☐ DELETE	6.1 TIT	}		
NAME		6.2 NA	1		
STREET ADDRESS		6.3 STI	REET ADDRESS		
CITY-ST-ZIP		6.4 CIT	Y-ST-ZIP		

Country

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17) 8/10/99 (954) 486-214

CR2E037 (5/99)

Applied For

\$8.75 Additional _

Fee Required

\$5.00 May Be

Not Applicable