# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003132

1. Entity Name

THE FELLOWSHIP CENTER, INC.

**FILED**
**May 15, 2000 8:00 am**
**Secretary of State**
05-15-2000 90201 018 ****61.25

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 3500 W. OAKLAND PK. BLVD<br>LAUDERDALE LAKES FL 33311<br>US | P.O. BOX 5171<br>LAUDERDALE LAKES FL 33310-5171<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| H163 N. S.R. 7 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: LAUDERDALE LAKES FLORIDA | City & State |
| Zip: 33319 Country: USA | Zip Country |

4. FEI Number: 65-0209493 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| JOHN M R, GORDON REV<br>8641 N.W. 52ND STREET<br>LAUDERHILL FL 33351 | Name<br>Street Address (P.O. Box Number is Not Acceptable): H163 N. S.R. 7<br>City: LAUDERDALE LAKES FL. FL Zip Code: 33319 |

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

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GORDON, ANDREW<br>2800 NW 56 AVENUE APT. B201<br>LAUDERHILL FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GORDON, LINDA<br>8641 N.W. 52ND STREET<br>LAUDERHILL FL 33351 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | H163 N. S.R 7<br>LAUDERDALE LAKES FL. 33319 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FREDERICKS, AUBREY I<br>1905G N.W. 46TH AVENUE<br>LAUDERHILL FL 33313 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOLLY, ANDREA<br>3351 SOUTH PALM AIRE DRIVE #108<br>POMPANO BEACH FL 33069 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~H163 N. S.R. 7~~<br>~~LAUDERDALE LAKES FL 33319~~ | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M.<br>REV. JOHN MR GORDON<br>H163 N S.R. 7<br>LAUDERDALE LAKES FL. 33319 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 attachment with an address, with all other like empowered.

**SIGNATURE:** Andrea Jolly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00
Date

954 486-2142
Daytime Phone #