

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

FILED
Jan 31 1997 8:00 am
Secretary of State

DOCUMENT # N94000005704 (1)

1. Corporation Name
FELLOWSHIP HOUSE EMPLOYMENT SERVICES, INC.



Principal Place of Business Mailing Address
5711 SOUTH DIXIE HIGHWAY SOUTH MIAMI FL 33143 5711 SOUTH DIXIE HIGHWAY SOUTH MIAMI FL 33143-3622

3. Date Incorporated or Qualified 11/16/1994 3a. Date of Last Report 02/21/1996
4. FEI Number 65-0539118 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTANA, PUBLIO M
5711 SOUTH DIXIE HIGHWAY
SOUTH MIAMI FL 33143

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------|--|
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | SANTANA, PUBLIO M | |
| STREET ADDRESS | 5711 S DIXIE HWY | |
| CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | TURNER, PATRICIA C. | |
| STREET ADDRESS | 5711 SOUTH DIXIE HIGHWAY | |
| CITY-ST-ZIP | SOUTH MIAMI FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SCHWARTZ, CINDY A | |
| STREET ADDRESS | 5711 SOUTH DIXIE HIGHWAY | |
| CITY-ST-ZIP | SOUTH MIAMI FL 33143 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SUTTON, CHRISTINE | |
| STREET ADDRESS | 5711 SOUTH DIXIE HIGHWAY | |
| CITY-ST-ZIP | SOUTH MIAMI FL 33143 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ADAMSON, PHYLLIS | |
| STREET ADDRESS | 5711 SOUTH DIXIE HIGHWAY | |
| CITY-ST-ZIP | SOUTH MIAMI FL 33143 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | D YASKAL, STEVE |
| 6.3 STREET ADDRESS | 5711 SOUTH DIXIE HIGHWAY |
| 6.4 CITY-ST-ZIP | SOUTH MIAMI, FL. 33143 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: PUBLIO M. SANTANA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)