

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005704

FILED  
Mar 03, 2008  
Secretary of State

Entity Name: FELLOWSHIP HOUSE EMPLOYMENT SERVICES, INC.

**Current Principal Place of Business:**

5711 SOUTH DIXIE HIGHWAY  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

5711 SOUTH DIXIE HIGHWAY  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 65-0539118      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SANTANA, PUBLIO M P/CEO  
5711 S. DIXIE HWY  
SOUTH MIAMI, FL 33143      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SANTANA, PUBLIO M P/CEO  
Address: 5711 SOUTH DIXIE HWY  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D ( ) Delete  
Name: CHESTER, RICHARD T VP F  
Address: 5711 SOUTH DIXIE HIGHWAY  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D ( ) Delete  
Name: SMITH-HOEL, ROSEMARY VP CS  
Address: 5711 SOUTH DIXIE HIGHWAY  
City-St-Zip: SOUTH MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MARTINEZ, CRISTINA T VP A  
Address: 5711 SOUTH DIXIE HIGHWAY  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PUBLIO M SANTANA

PD

03/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date