FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000005571 (2) DOCUMENT

	1997			DIVISI	ON OF	CORPO	LTA:	<u>e2NO</u>	
DOCU 1. Corporation	MENT #	# N9600	000	05571	(2)			
		FELLOWSHIP II							,
Principal Plac	e of Business		М	ailing Address					
14127 US HW SEBRING FL S				127 US HWY 2 EBRING FL 3387		Н			
	Place of Busine	35) 	. Mailing Addre	98 8				
Sulte, Apt.	# 615		26	Suite, Apt. #,	oto.				
Suite, Apr.	#, BIC.		27	Suite, Apt. #,	etc.				
City & Sta	le		27	City & State			•		
23			28						
Zip		Country		Zip		Cou	intry	,	
24	21		29			30			
	9. Name a	nd Address of Currer	nt Regis	tered Agent				ı	
							81	Name	
	on, anthon	IY J					82	Street	Addre
	ULBERRY						83		
LAKE P	LACID FL 33	352					63		
•							84	City	
SIGNATURE		printed name of registered age OFFICERS AN		CTORS		E: Rogistere	d Age	ent signatur	e required
TITLE .	CD			L DE	LÉTE	1.1 1	TLE		
NAME		N, ANTHONY J				1.2 N			
STREET ADDRESS		BERRY AVE				1		'ADDRES\$	15
CITY-ST-ZIP TITLE	VD VD	CID FL 33852		DE	ETE	1.4 C 2.1 T		ST - ZIP	LA
NAME	THOMAS,	NEIL V				2.2 N			
STREET ADDRESS	P.O. BOX					1		ADDRESS	Po
CITY - ST - ZIP	SEBRING					2.40	ITY-	ST-ZIP	38
TITLE	\$D			☐ DE	LETE	3.1 T	TLE		
NAME		n, sandra m				3.2 N	AME		
STREET ADDRESS		BERRY AVE				3.3 S	TREET	ADDRESS	154
CITY-ST-ZIP		CID FL 33852		·····				ST-ZIP	LA
TALE	TD	DEL ODEO W		☐ DE	LETE	4.1 T			
NAME		DELORES W				4.21			·
STREET ADDRESS	P.O. BOX							ADDRESS	Po
CITY-ST-ZIP TITLE	SEBRING	FL 3307 I		☐ DE	FTF	4.4 C		IT - ZIP	58
NAME		•		انان بين		5.1 N			}
STREET ADDRESS						1		ADDRESS	
CITY-ST-ZIP								T-ZIP	
TITLE				☐ DE	ETE	6.1 TI		4.11	
NAME						6.2 N	AME		
	l								1

FILED Apr 10 1997 8:00am Secretary of State

SEBRING FL 3		SEBRING FL 33870-9522	''						
					3. Date Incorporated or Qualified 10/28/1996	i 3a. [Date of Last Report		
2. Principal P	lace of Businoss	2a. Mailing Address			4. FEI Number	~	A	opplied For	
21		26		05-067763	8	N	lot Applicabl		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	SR 75 Addition			
City & State	9	City & State			Election Campaign Financing 1rust Fund Contribution			May Be	
Zip	Country	Zip	Country	/	8. This corporation has liability for				
24	25	29	30		Fiorida Statutes	☐ Yes	No		
	9. Name and Address of Currer		11		10. Name and Address of New	legistered	d Agent		
			81	Nar	me				
JOHNS	ON, ANTHONY J		82		eet Address (P.O. Box Number is Not Accep	ablal			
	JLBERRY		02	Sire	eet Address (F.O. Box Number is Not Accep	anej			
	LACID FL 33852		83	1					
1 With 1			<u> </u>	ļ. <u>.</u> .			1.2.1 =-		
			84	City	у	FI	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617 060	2 and 617 1508 Florida Statut	tes the abov	L e-nam	ned corporation submits this statement for the			its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida. Such change was	authorized b	y the d	corporation's board of directors. I hereby acc	ept the ap	pointment as	s registered	
SIGNATURE .	Signature, typed or printed hame of registered age	agt and tills if a refer the	C. C. Jalanes A.	!	nature required when reinstating)	DATE			
12.		D DIRECTORS	13.	en K SIQUE	ADDITIONS/CHANGES TO OF		Ó DIRECTO	RS IN 12	
TITLE .	CD	DELETE	1.1 TITLE		1007/10/10/2011 11/020 10 07		Change		
NAME	JOHNSON, ANTHONY J		1.2 NAME		1				
STREET ADDRESS	1541 MULBERRY AVE		1.3 STREET	t Africa	ESS 1541 MULBERRY A	16			
	LAKE PLACID FL 33852		1.4 CITY - 1		LAKE PLACID, F1- 3=	£52			
CITY-ST-ZIP TITLE	VO	DELETE	2.1 TITLE	51 - ZIP	CHICKACIS, PI- 3-	<u>νο α</u>	Change	Addition	
NAME	THOMAS, NEIL V		2.2 NAME						
STREET ADDRESS	P.O. BOX 1045		2.3 STREET	, ADDDE	ren Do David Location	N/A			
CITY - ST-ZIP	SEBRING FL 33871		2.4 CITY-		- CX / C . C	,,,,,,			
TITLE	8D	DELETE	3.1 TITLE	21 - ZIP	SEPTIME PL SSOTI		Change	Addition	
NAME	JOHNSON, SANDRA M		3.2 NAME						
STREET ADDRESS	1541 MULBERRY AVE		3.3 STREET	ADDDC	ESS 1541 MULBERRY AUE				
1	LAKE PLACID FL 33852				The state of the s	45			
CITY-ST-2IP TITLE	TD	☐ DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP	LAKE PLAKID, FL 33	73 Q	Change	Addition	
NAME	THOMAS, DELORES W	(Decert	4.1 IIILE 4.2 NAME					Addition	
	P.O. BOX 1045			Abore	ESS PO BOX 1045				
STREET ADDRESS	SEBRING FL 33871		4.3 STREET		SEBRING, FL 33171	NIA	i		
CITY-ST-ZIP	GEDINING FE 000/ I	☐ DELETE	4.4 CITY - 9 5.1 TITLE	i - ZIP	SEPICIDE, FL 33111		Change	Addition	
,		L. OLLLIE			1		டு வளழ	Last Control	
NAME NAME			5.2 NAME	1000-					
STREET ADDRESS			5.3 STREET		255				
CITY-ST-ZIP		DELETE	5.4 CITY - S	I - ZIP			Change	Addition	
TITLE		[_] מנונונ	6.1 TITLE				change	₩ A00(00)	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRE	ESS				
CITY-ST-ZIP			6.4 CITY - 9	1 - 7IP					

14. 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 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 enanged, or on an attachment with an address.

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