2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2006 08:00 AM DOCUMENT # N96000006595 Secretary of State 1. Entity Name FELLOWSHIP FOUNDATION OF SARASOTA, FLORIDA, Principal Place of Business Malling Address C/O HAROLD MILLER C/O HAROLD MILLER 1444 PINE BAY SARASOTA FL 34231 1444 PINE BAY SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied Fur 4. FEI Number 65-0724588 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, JOHN L Street Address (P.O. Box Number is Not Acceptable) 200 S ORANGE AVE SARASOTA FL 34236 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed ог рилоо папов от regestered agent and ting it approative (NOTE: Registered Agent signature requires when remaining) DAIL FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Dolete HILE ☐ Change Addin muSWALLOW, JOEL C NAME NAME 8406 IDLEWOOD CT STPELT ADDRESS SITTEET ADDRESS 100000456492 City-St-70 BRADENTON FL 34202 CRY-SU-ZIP 03/36/06-80031-**011 61.25** Change Addition 71777 ☐ Delete 7/F1 & MILLER, HAROLD F J MAME NAME STREET AUDRESS 1444 PINE BAY STREET ADURESS CRY-ST-ZIP SARASOTA FL 34231 C(1Y-S)-20P THLE Delete DILE Change ■ Additi MARKE MAGNUSON, DUANE NAME STREET ADDRESS 4120 CAMINO REAL STREET ARORESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP ☐ Addition ISTLE Change TITLE ☐ Delete MOORE, JOHN L MAME STREET ADDRESS 3650 POND VIEW LANE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34235 CITY-ST-ZIP ☐ Detete TITLE ☐ Change T Adm NAME NAME STREET ADDRESS STREET ADDRESS CTTY - ST-ZIF CITY-ST-ZIP Addisi TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CATY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. 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 direction of the receiver or fusiles empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

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