

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90030 021 ****61.25

DOCUMENT # N99000004473

1. Entity Name
THE FELLOWSHIP AT TYRONE, INC.



Principal Place of Business
**6822 - 22ND AVENUE NORTH
PMB #430
ST. PETERSBURG, FL 33710**

Mailing Address
**6822 - 22ND AVENUE NORTH
PMB #430
ST. PETERSBURG, FL 33710**



02042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3590294

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCNEAL, JOHN REV
6822 - 22ND AVENUE NORTH
PMB #430
ST. PETERSBURG, FL 33710**

**DO NOT WRITE
IN THIS SPACE**

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
TAYLOR, DENNIS
7834 BRISTA CT N
SAINT PETERSBURG, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
DAVIS, JOE
6620 POINSETTIA AVE SO
ST. PETERBURG, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DE
DAVIS, KENNETH
7218 PARK ST. SO.
SAINT PETERSBURG, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DE
Martin R. Cliffe
6058 73rd St. N.
St. Petersburg, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #