

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001464

**FILED**  
**Jan 20, 2017**  
**Secretary of State**  
**CC5187367307**

**Entity Name:** FELLOWSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

5343 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

5343 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 65-1218696

**Certificate of Status Desired:** No

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

MULLINS, THOMAS D DR  
5343 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33418 US

*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

**Officer/Director Detail :**

Title CP  
Name MULLINS, J. T  
Address 5343 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VC  
Name AUSTIN, STEPHEN P  
Address 5343 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title D  
Name MULLINS, THOMAS DR  
Address 5343 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title D  
Name EICKHOFF, WILLIAM DR  
Address 5343 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title ST  
Name MILLER, DONALD W  
Address 5343 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33418

*I hereby 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 all other like empowered.*

**SIGNATURE:** STEPHEN P AUSTIN

**VICE CHAIRMAN**

**01/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date