

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001464

FILED
Feb 10, 2015
Secretary of State
CC1533167487

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 D
Name SMITH, RICHARD M
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

V.P.

02/10/2015

Electronic Signature of Signing Officer/Director Detail

Date