

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007893

Entity Name: FELLOWSHIP RECOVERY COMMUNITY ORGANIZATION, INC.**FILED**
Feb 10, 2025
Secretary of State
5553803369CC**Current Principal Place of Business:**451 BANKS RD
UNIT # 8
MARGATE, FL 33063**Current Mailing Address:**451 BANKS RD
UNIT # 8
MARGATE, FL 33063 US**FEI Number: 03-0566838****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BARKLEY, SARA
401 BANKS RD
#5
MARGATE, FL 33063 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:** SARA BARKLEY**02/10/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SATTEE, ANDREW
Address 1701 12 ST
City-State-Zip: FT LAUDERDALE FL 33301

Title CHAIRMAN
Name RICCARDI, MICHAEL V
Address 8 WOODLEE ROAD
City-State-Zip: COLD SPRING HARBOR NY 11724

Title VC
Name SMYTH, GARY
Address 4121 NW FIFTH STREET
 206
City-State-Zip: PLANTATION FL 33317

Title SECRETARY
Name FEINGOLD, JIF
Address 22266 GARRISON ST
City-State-Zip: BOCA RATON FL 33428

Title DIRECTOR
Name ATKINSON, WILL
Address 514 S BETTY LANE
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name COOKE, LINDA
Address 1101 RIVER REACH DR
 #404
City-State-Zip: FORT LAUDERDALE FL 33315

Title CEO
Name RICCARDI, RICHARD
Address 451 BANKS RD
 APT # 8
City-State-Zip: MARGATE FL 33063

Title COO
Name BARKLEY, SARA
Address 401 BANKS RD
 #5
City-State-Zip: MARGATE FL 33063

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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: SARA LEE BARKLEY**CHIEF OPERATING
OFFICER****02/10/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HURLEY, KARYN
Address 5406 EAST AVE
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name MCNEAL, RENIESE
Address 690 NE 13TH STREET
City-State-Zip: FORT LAUDERDALE FL 33304

Title DIRECTOR
Name LUCIANO, DEANA
Address 1622 EMORY RIDGE WAY
City-State-Zip: WAKE FOREST NC 27587