

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011287

**Entity Name:** CENTER POINTE FELLOWSHIP, INC.

**Current Principal Place of Business:**

1034 GATEWAY BLVD. STE. 104  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

1034 GATEWAY BLVD. STE. 104  
BOYNTON BEACH, FL 33426

**FEI Number: 27-1399707**

**Certificate of Status Desired: No**

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

ARLEN, ROBERT M  
101 SE 6TH AVENUE  
SUITE D  
DELRAY BEACH, FL 33483 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 PD  
Name HAWKINS, JOHN D DR.  
Address 309 E. OCEAN AVE  
305  
City-State-Zip: LANTANA FL 33462

Title VPD  
Name CARRANZA, EDWIN  
Address 6223 GRAND CYPRESS CIRCLE  
City-State-Zip: LAKE WORTH FL 33463

Title SD  
Name CARANZZA, HOLLY  
Address 6223 GRAND CYPRESS CIRCLE  
City-State-Zip: LAKE WORTH FL 33463

Title TD  
Name GALLO, DONELLA  
Address 4175 COLLIN DRIVE  
City-State-Zip: WEST PALM BEACH FL 33406

Title AS  
Name ARLEN, ROBERT M  
Address 101 SE 6TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33483

*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: JOHN HAWKINS, SR.**

**PRESIDENT**

**04/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date