

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005428

**FILED**  
**Jan 29, 2018**  
**Secretary of State**  
**CC0332138948**

**Entity Name:** 5 POINTS OF FELLOWSHIP INC

**Current Principal Place of Business:**

6107 SOUTHGATE BLVD  
MARGATE, FL 33068

**Current Mailing Address:**

8120 SW 24 STREET  
214  
NORTH LAUDERDALE, FL 33068 US

**FEI Number:** 82-1619555

**Certificate of Status Desired:** No

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

FRANKLIN, MARVA  
8120 SW 24 STREET  
214  
NORTH LAUDERDALE, FL 33068 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 P  
Name FRANKLIN, MARVA  
Address 8120 SW 24 STREET  
City-State-Zip: NORTH LAUDERDALE APT 214 FL 33068

Title T  
Name KNOWLES, LORRAINE  
Address 6107 SOUTHGATE BLVD  
City-State-Zip: MARGATE FL 33068

Title SEC  
Name SARGEANT, ADRIAN  
Address 8120 SW 24 STREET APT 214  
City-State-Zip: NORTH LAUDERDALE FL 33068

*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:** LORRAINE KNOWLES

**TREASURER**

**01/29/2018**

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

\_\_\_\_\_  
Date