

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710136

1. Entity Name

EMMANUEL CHRISTIAN FELLOWSHIP CHURCH, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90014 045 ****61.25

Principal Place of Business	Mailing Address
711 ST. JOHNS BLUFF RD. JACKSONVILLE FL 32225	711 ST. JOHNS BLUFF RD. JACKSONVILLE FL 32225-6718

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-0950077	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	

6. Name and Address of Current Registered Agent

DEAL, KEITH M.
BARNETT REGENCY TOWER, STE.101
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name Woodard, David
Street Address (P.O. Box Number is Not Acceptable)
7780 Allspice Circle East
Jacksonville
City FL Zip Code 32244

8. 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 David E. Woodard Jr. DATE 3/1/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARSON, LARRY E. 49 SANDRA DR JACKSONVILLE BEACH FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT MOTILKOV, ALEXANDER 2601 TROLLIE LANE #4 JACKSONVILLE FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODARD, DAVID 7780 ALLSPICE CIR E JACKSONVILLE FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lyon, Richard 8469 Spicewood Drive Jacksonville, FL 32216 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT Woodard, David 7780 Allspice Circle East Jacksonville, FL 32244 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Motilkov, Alexander 2601 Trollie Lane, #4 Jacksonville, FL 32211 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carson, Larry E. 49 Sandra Drive Jacksonville Beach, FL 32250 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard M. Lyon DATE 3-1-00 (904) 641-9011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)