2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 753585

Entity Name: FAITH CHRISTIAN FELLOWSHIP, INC.

HIGH SPRINGS, FL 32655

City-St-Zip:

FILED Jan 21, 2002 8:00 AM Secretary of State

Current P	rincipal Place o	of Business:	New Prince	New Principal Place of Business:		
15 S.W. 3F P.O. BOX 9 HIGH SPR		3				
Current M	ailing Address	:	New Maili	New Mailing Address:		
15 S.W. 3F P.O. BOX 9 HIGHG SP	RD AVE 903 RINGS, FL 326	55 US				
FEI Number:	59-2027325	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Statu	ıs Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
15 SW 3RI HIGH SPR	N, EDWIN E D AVE, POB 903 INGS, FL 32659 named entity su	5 US	purpose of changing i	ts registered office or registered	l agent, or both,	
in the State			,,		,	
SIGNATUR	RE:					
	Electronic	Signature of Registered Ag	ent	Date		
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	ANDERSON, AND 15 NE 9TH AVE F HIGH SPRINGS, I	O BOX 1837 FL 32655 relete	Title: Name: Address: City-St-Zip: Title:	DST (X) Change () Addition ANDERSON, ANGELA R 20031 NW CR 236 P O BOX 1837 HIGH SPRINGS, FL 32655 () Change () Addition		
Name: Address: City-St-Zip:	MORGAN, MARK 19706 NW 190TH HIGH SPRINGS, I	I AVE	Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	PD () C ANDERSON, EDV 15 NE 9TH AVE F HIGH SPRINGS, I	O BOX 1837	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition ANDERSON, EDWIN E REV 20031 NW CR 236 P O BOX 1837 HIGH SPRINGS, FL 32655	1	
Title: Name: Address:	BROWN, DOUGL	elete AS L I TERR P O BOX 1244	Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ANGELA R ANDERSON DST 01/21/2002