

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91749 021 ****61.50

DOCUMENT # *N000000000000801* ✓
1. Entity Name
Fishers of Men Bible Church

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2065 S. Tamiami</i> Suite, Apt. #, etc. <i>Unit A-1</i> City & State <i>Venice, Florida</i> Zip <i>34293</i> Country <i>USA</i>		3. Mailing Address <i>2065 S. Tamiami</i> Suite, Apt. #, etc. <i>Unit A-1</i> City & State <i>Venice Florida</i> Zip <i>34293</i> Country <i>USA</i>	
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4. FEI Number <i>65-1049834</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *James J. McClelland*
Street Address (P.O. Box Number is Not Acceptable)
4730 Heron Rd
City *Venice* FL Zip Code *34293*

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

5/1/02
DATE

**FEE IS \$61.25
Initial or Amended UBR**

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	<i>Predisent James J. McClelland 4730 Heron Rd. Venice, FL 34293</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer Lynette E. McClelland 4730 Heron Rd Venice FL 34293</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Jan Miller 1753 Bryan Dr. Venice FL 34293</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Dorothy Reed 1498 Bayshore Dr Englewood, FL 34223</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Dolores J. MLECZEWSKI 301 B Buena Vista Avenue Sarasota, FL 34243</i>
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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 on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* *5/1/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)