

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90248 021 \*\*\*\*70.00

**DOCUMENT # N35077**

1. Entity Name

FELLOWSHIP CHRISTIAN CHURCH, INC.

*FAITH DELIVERANCE ASSEMBLY*

Principal Place of Business

126 EAST 7TH STREET  
 JACKSONVILLE FL 32206

Mailing Address

126 EAST 7TH STREET  
 JACKSONVILLE FL 32206-4510

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

*P.O. Box 40771,*

Suite, Apt. #, etc.

City & State

*Jacksonville, FL*

Zip

*32203*

Country

*USA*

4. FEI Number

**59-2976834**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

EICHELBERGER, CHARLES B.  
 5324 DOWNINGTON DR  
 JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

*CHARLES B. EICHELBERGER, SR.*

Street Address (P.O. Box Number is Not Acceptable)

*1816 Avondale Circle*

*Jacksonville*

**FL**

Zip Code  
**32206**

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

*CHARLES B. EICHELBERGER, SR.* *Charles B. Eichelberger, Sr.* *4/27/2000*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>EICHELBERGER, CHARLES B.<br>5324 DOWNINGTON DR<br>JACKSONVILLE FL 32217 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>EICHELBERGER, CYNTHIA<br>5324 DOWNINGTON DR<br>JACKSONVILLE FL 32217    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SAUNDERS, ALBERT<br>1484 WEST 22ND STREET<br>JACKSONVILLE FL 32209       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DENSON GARRY L<br>1347 WEST 6TH STREET<br>JACKSONVILLE FL 32209         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>BLAKE, ANTOINETTE<br>1347 WEST 6TH STREET<br>JACKSONVILLE FL 32209      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |  |                                                                   |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles B. Eichelberger, Sr.* **CHARLES B. EICHELBERGER, SR.** *4/27/00* **(904) 387-3115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #