

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000429

1. Entity Name

CHRISTIAN FELLOWSHIP MINISTRIES, INCORPORATED

FILED

00 JUN -2 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3302 EVERGREEN AVE
JACKSONVILLE FL 32206

3302 EVERGREEN AVE
JACKSONVILLE FL 32206-2325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3178430

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, OLA
3302 EVERGREEN AVE
JACKSONVILLE FL 32206

Name

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

City

FL

Zip Code

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, OLA	
STREET ADDRESS	2713 EVENTIDE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WARD, ANNETTE B	
STREET ADDRESS	2728 EVENTIDE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PINCKACY, DANITA	
STREET ADDRESS	2713 EVENTIDE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOPKINS, ALMA H	
STREET ADDRESS	6300 MORSE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINCKNEY, DANITA	
STREET ADDRESS	2713 Eventide Dr	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Farguharson, Corcan	
STREET ADDRESS	1618 Perry St.	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: OLA WILLIAMS 4/30/00 904-356-5521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)