

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002319

1. Entity Name

COMMUNITY FAITH FELLOWSHIP, INC.

Principal Place of Business

900 W HICKPOOCHEE
LABELLE FL 33935
US

Mailing Address

P.O. BOX 1638
LABELLE FL 33975

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0494198

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLARD, WILLIAM E.
4091 SE EDGEWATER
LABELLE FL 33935

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME GRANT, WARREN L. ☐ Delete
STREET ADDRESS 4020 RAINBOW CIRCLE
CITY-ST-ZIP LABELLE FL 33935TITLE CD
NAME COLLARD, WILLIAM E. ☐ Delete
STREET ADDRESS 4091 SE EDGEWATER
CITY-ST-ZIP LABELLE FL 33935TITLE VCD ☒ Delete
NAME LABELLE, RAYMOND
STREET ADDRESS 4556 SPRINGVIEW
CITY-ST-ZIP LABELLE FL 33935TITLE ST ☐ Delete
NAME BRUCE, EMILY L
STREET ADDRESS 4010 RYE COURT
CITY-ST-ZIP LABELLE FL 33935-5440TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME Ralph Haycraft
STREET ADDRESS VCD
CITY-ST-ZIP 900 W. Hickpoochee, D-10
Labelle, FL 33935-4389TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS 900 W. Hickpoochee, G-1
CITY-ST-ZIP Labelle, FL 33935-4389TITLE ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS Kay Sanborn
CITY-ST-ZIP 12640 Arbor Lane
Moore Haven, FL 33471TITLE ☐ Change ☒ 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)(j), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Emily L. Bruce2/18/02 863-674-4715
Date Daytime Phone #

CR2E037 (9/01)