

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0017316

DOCUMENT # P20469

1. Entity Name

FELLOWSHIP OF CHRISTIAN ATHLETES, INC.



FILED

03 OCT 21 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8701 LEEDS RD.
KANSAS CITY MO 64129

Mailing Address

8701 LEEDS RD.
KANSAS CITY MO 64129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



RENEWAL CHECK HERE IF MAKING CHANGES *03*

4. FEI Number **44-0610626**

Applicable Form

Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINÉ ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **Corporation Service Company**
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City **Tallahassee** FL Zip Code **32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Blanca Lozada* **Blanca Lozada, Asst. Vice President** *10/20/2003*
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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	PRICE, NELSON L DR	
STREET ADDRESS	774 ROSWELL STREET	
CITY-ST-ZIP	MARIETTA GA 30060	
TITLE	VC	<input type="checkbox"/> Delete
NAME	GAINY, HARVEY	
STREET ADDRESS	6000 CLAY AVENUE SW	
CITY-ST-ZIP	GRAND RAPIDS MI 49548	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SHEALY, DAL	
STREET ADDRESS	8701 LEEDS RD.	
CITY-ST-ZIP	KANSAS CITY MO 64129	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOBerecht, JAY	
STREET ADDRESS	300 SOUTH 5TH STREET	
CITY-ST-ZIP	ENID OK 73701	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	HARLAN, KEVIN	
STREET ADDRESS	8701 LEEDS ROAD	
CITY-ST-ZIP	KANSAS CITY MO 64129	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEPHENS, RICK	
STREET ADDRESS	4105 FIELDSTONE ROAD	
CITY-ST-ZIP	CHAMPAIGN IL 61821	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

900023342679
09/25/03--01080--003 **61.25

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 or other like empowered.

SIGNATURE: *Dal Shealy* **SHEALY** *9/15/2003* **816-892-1155**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (4/03)