

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90047 027 \*\*\*\*61.25

**DOCUMENT # 707308**

1. Entity Name

**NEW FELLOWSHIP BAPTIST CHURCH, INC.**

Principal Place of Business

1840 OLD DIXIE HWY  
TITUSVILLE FL 32798

Mailing Address

1840 OLD DIXIE HWY  
TITUSVILLE FL 32798-1708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7410324

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

**HANSON, JERRY R. SR.**  
**1840 OLD DIXIE HIGHWAY**  
**TITUSVILLE FL 32798**

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HANSON, JERRY R. SR.</b>	
STREET ADDRESS	<b>3621 SUNNY DR</b>	
CITY-ST-ZIP	<b>MIMS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHITLOW, WILLIAM A</b>	
STREET ADDRESS	<b>4025 EOLA AVE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	
TITLE	<b>O</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BARFIELD, WILMER</b>	
STREET ADDRESS	<b>426 KEL AVENUE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TYREE, EUGENE</b>	
STREET ADDRESS	<b>875 ALFORD</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, JAMES</b>	
STREET ADDRESS	<b>2985 BRIAR WOOD LN</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HANSON, SUSAN</b>	
STREET ADDRESS	<b>3621 SUNNY DR</b>	
CITY-ST-ZIP	<b>MIMS FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHITLOW, William A.</b>	
STREET ADDRESS	<b>4025 EOLA AVE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32798</b>	
TITLE	<b>O</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARFIELD, WILMER</b>	
STREET ADDRESS	<b>DECLASSED</b>	
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		<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: William A. Whitlow (WILMER A. WHITLOW) 1/18/00 321-264-0209  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/99)