

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90195 005 ****61.25

DOCUMENT # 707308

1. Entity Name

NEW FELLOWSHIP BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**1840 OLD DIXIE HWY
 TITUSVILLE FL 32796**

**1840 OLD DIXIE HWY
 TITUSVILLE FL 32796**

C0012847



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

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 32796**

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	P	<input type="checkbox"/> Delete
NAME	HANSON, JERRY R. SR.	
STREET ADDRESS	3621 SUNNY DR	
CITY-ST-ZIP	MIMS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITLOW, WILLIAM A	
STREET ADDRESS	4025 EOLA AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TYREE, EUGENE	
STREET ADDRESS	875 ALFORD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, JAMES	
STREET ADDRESS	2965 BRIAR WOOD LN.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HANSON, SUSAN	
STREET ADDRESS	3621 SUNNY DR	
CITY-ST-ZIP	MIMS FL	
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		
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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 **WILLIAM A. WHITLOW** Jan 23, 01 **321-264-0209**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)