

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90168 008 \*\*\*\*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**

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 NGW: 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>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"/> 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		<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:** *Jerry R. Hansen, Sr.* **JERRY R. HANSEN, SR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-02**  
Date

**321-244-0209**  
Daytime Phone #

CR2E037 (9/01)