

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

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90034 006 ****61.25

0004423

DOCUMENT # 707308

1. Entity Name

NEW FELLOWSHIP BAPTIST CHURCH, INC.



Principal Place of Business

**1840 OLD DIXIE HWY
TITUSVILLE FL 32796**

Mailing Address

**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**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HANSON, JERRY R., SR.
1840 OLD DIXIE HIGHWAY
TITUSVILLE FL 32796**

7. Name and Address of New Registered Agent

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

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
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	
NAME	HANSON, JERRY R. SR.	NAME	
STREET ADDRESS	3621 SUNNY DR	STREET ADDRESS	
CITY-ST-ZIP	MIMS FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	D
NAME	WHITLOW, WILLIAM A	NAME	BOB LUBINSKI
STREET ADDRESS	4025 EOLA AVE	STREET ADDRESS	4172 Cinnamon Teal
CITY-ST-ZIP	TITUSVILLE FL	CITY-ST-ZIP	MIMS, FL 32754
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	TITLE	D
NAME	TYREE, EUGENE	NAME	BOB CONKLIN
STREET ADDRESS	875 ALFORD	STREET ADDRESS	2517 Palm Ave
CITY-ST-ZIP	TITUSVILLE FL	CITY-ST-ZIP	MIMS, FL 32754
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	ALLEN, JAMES	NAME	
STREET ADDRESS	2965 BRIAR WOOD LN.	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	TITLE	S
NAME	HANSON, SUSAN	NAME	PAULA NEASE
STREET ADDRESS	3621 SUNNY DR	STREET ADDRESS	2929 Cooper Dr.
CITY-ST-ZIP	MIMS FL	CITY-ST-ZIP	Titusville, FL 32796
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/03
Date

321-264-0209
Daytime Phone #

CR2E037 (4/03)