

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90086 012 *****61.25

DOCUMENT # 707436

1. Entity Name

NEIGHBORHOOD BIBLE FELLOWSHIP CHURCH, INC. OF THE CHRISTIAN AND MISSIONARY ALLIANCE

Principal Place of Business

Mailing Address

**2500 N E 15TH STREET
 GAINESVILLE FL 32609**

**2500 N E 15TH STREET
 GAINESVILLE FL 32609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1360564

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

**SCRIPTURE, GEORGE B
 5445 CR. 352
 KEYSTONE HEIGHTS FL 32656**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32609

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

J Spurling

J Spurling

3/5/02

Signature, typed or printed name of registered agent and title if applicable.

(Not E-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 ☒ Delete
 NAME **C**
 STREET ADDRESS **SCRIPTURE, GEORGE B**
 CITY-ST-ZIP **5445 CR 352
 KEYSTONE HEIGHTS FL 32656**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HURT, BARBARA**
 CITY-ST-ZIP **1516 NE 28TH AVE.
 GAINESVILLE FL**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **CLARK, GLADYS**
 CITY-ST-ZIP **4680 CLEAR LAKE DR.
 GAINESVILLE FL 32607**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **MANSELL, BOB**
 CITY-ST-ZIP **1702 NW 17TH LN
 GAINESVILLE FL**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **APPELO, JANE**
 CITY-ST-ZIP **642 NW 34 TERRACE
 GAINESVILLE FL 32607**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **Edwards, Joann**
 CITY-ST-ZIP **5133 NW 64th Lane
 Gainesville FL 32653**

TITLE ☐ Change ☒ Addition
 NAME **J Spurling, J**
 STREET ADDRESS **2400 NE 15th St**
 CITY-ST-ZIP **Gainesville FL 32609**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

J Spurling
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02
 Date

952-376-8305
 Daytime Phone #

CR2E037 (9/01)