

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708057

1. Entity Name

CHILD EVANGELISM FELLOWSHIP OF ALACHUA COUNTY, I

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90153 022 ****61.25

Principal Place of Business
2103 NW 36TH TERRACE
GAINESVILLE FL 32605-3631

Mailing Address
P.O. BOX 357267
GAINESVILLE FL 32635-7267

00073000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2615 NW 6 ST

3. Mailing Address
Suite, Apt. #, etc.

City & State
Gainesville FL

City & State

4. FEI Number
59-1000180

Applied For
Not Applicable

Zip
32609

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, PATRICK
202 SE 51ST ST
GAINESVILLE FL 32601

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.

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 13, 2000 min. will be \$236.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCDONALD, PATRICK 202 SE 51ST ST GAINESVILLE FL 32601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MCDONALD, PATRICK 202SE 51ST GAINESVILLE FL 32601 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRAM, MILDRED 2103 NW 36TH TERRACE GAINESVILLE FL 32605 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOMAN, RAYMOND 625 NE 20TH AVE GAINESVILLE FL 32609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cole, Ron VCD 2236 NW 37 PL Gainesville, FL 32605 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Keyes, Kathryn SD 200 NE 9 ST Gainesville FL 32601 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Keyes, Tim T 200 NE 9 ST Gainesville FL 32601 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 empowered.

SIGNATURE: Timothy B Keyes 7/13/00 352-373-5639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)