

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2001 08:00 AM****Secretary of State****DOCUMENT # 708057**

1. Entity Name

CHILD EVANGELISM FELLOWSHIP OF ALACHUA COUNTY, INC.

Principal Place of Business

2615 NW 6TH STREET

GAINESVILLE
32609

FL

Mailing Address

P.O. BOX 357267

GAINESVILLE
326357267

FL

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

59-1000180

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONALD PATRICK
202 SE 51ST STGAINESVILLE
32601

US

FL

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 **TIMOTHY B KEYES****01/19/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
T	HOMAN RAYMOND	625 NE 20TH AVE	FL 32609	T	KEYES TIMOTHY BREV	200 NE 9TH ST	FL 32601
SD	BARRAM MILDRED	2103 NW 36TH TERRACE	FL 32605	SD	KEYES KATHRYN B	200 NW 9TH ST	FL 32601
VCD	MCDONALD PATRICK	202SE 51ST	FL 32601	VCD	COLE RONALD REV	3571 NW 16TH BLVD	FL 32605
CD	MCDONALD PATRICK	202 SE 51ST ST	FL 32601				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**T****01/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)