

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719012

1. Entity Name

FELLOWSHIP IN CHRIST EVANGELISTIC ASSOCIATION, I

Principal Place of Business

Mailing Address

10841 BISCAYNE BLVD
JACKSONVILLE FL 32218

8299 HENRY SMITH RD
HILLIARD FL 32046-3916

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32218

DUVAL

6. Name and Address of Current Registered Agent

BATTON, MARVIN E
8299 HENRY SMITH RD
HILLIARD FL 32046

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 Same

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

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	PT BATTON, MARVIN E 8299 HENRY SMITH RD HILLIARD FL 32046	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIFFITH, WYNNETTE J 3245 E. JAMES LEE BLVD CRESTVIEW FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTON, TERRY B DR RT 3 LOT 7 SHELOME ACRE GEORGETOWN GA 31754	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINS, MARY 10303 SWARTHMORE DR JACKSONVILLE FL 32218	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, JOHNNIE E 3245 E. JAMES LEE BLVD CRESTVIEW FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATTON, CHARLOTTE E 8299 HENRY SMITH RD HILLIARD FL 32046	<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	<input type="checkbox"/> Change <input 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
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:

PT. Batton MARVIN E. *Marvin E. Batton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 13 2000

Date

Daytime Phone #

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90018 027 ****70.00



DO NOT WRITE IN THIS SPACE