

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

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.

SAME

SAME

City & State

City & State

Zip

Country

DUVAL

Zip

Country

4. FEI Number

23-7069903

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

32218

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BATTON, MARVIN E
 8299 HENRY SMITH RD
 HILLIARD FL 32046**

Name

SAME

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Griffith Wynnette J	
STREET ADDRESS	111 WINDSOR Dr.	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Griffith Johnne E.	
STREET ADDRESS	111 Windsor Dr.	
CITY-ST-ZIP	Crestview Fl. 32539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 13 2000

Date

Daytime Phone #

012017



DO NOT WRITE IN THIS SPACE