## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like er

## **FILED** May 03, 2000 8:00 am Secretary of State **DOCUMENT # 719754** 1. Entity Name COURTENAY CHRISTIAN FELLOWSHIP, INC. 05-03-2000 90096 025 \*\*\*\*61.25 Principal Place of Business Mailing Address 6250 N. COURTENAY PARKWAY 700 S COURTNEY PKWY MERRITT ISLAND FL 32952-4912 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-7068144 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOBSON, JIMMY L. Street Address (P.O. Box Number is Not Acceptable) 657 IROQUOIS ST POLICICCHIO, CAROLINA C 5780 N. COURTENAY PKWY. **MERRITT ISLAND FL 32953** Zip Code 32952 City MERRITT ISLAND 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 boon SIGNATURE ped or printed name of registered agent and title if applicable. **Jimmy L. Dobson** (NOTE: Registered Agent signature required when reinstating) Signatu Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Change ☐ Addition TITLE ☐ Delete NAME MONTECALVO, GARY DAVID NAME 700 SOUTH COURTENAY PARKWAY STREET ADDRESS **6200 NORTH COURTENAY PARKWAY** STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP MERRITT ISLAND FL Change ☐ Addition ☐ Delete TITLE TITLE NAME WELCH, NICHOLAS C NAME 1109 DUSKVIEW DR STREET ADDRESS C/O \*S COURTENAY PKWY \*700 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIE MERRITT ISLAND FL 32952 ☑ Change Addition D ☐ Delete TITLE TITLE KREWSON, DALE G NAME NAME **4515 TANGELO AVE** STREET ADDRESS STREET ADDRESS 4515 TANGELO DR CITY-ST-ZIP COCOA FL 32926 CITY-ST-ZIP COCOA FL Change Addition TITLE TITI F n ☐ Delete NAME ELROD, ROBERT W NAME STREET ADDRESS STREET ADDRESS 978 NICKLAUS DR CITY-ST-ZIP CITY-ST-ZIF **ROCKLEDGE FL 32955** TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME CAMPBELL, DAVID NAME STREET ADDRESS STREET ADDRESS 3331 BISCAYNE DR CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Change ☐ Addition Delete TITLE TITLE NAME CLENDINEN, CLAYTON NAME STREET ADDRESS STREET ADDRESS 3084 SUNSET CT CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32922 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

04-19-00 321/453-4555