## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 03, 2001 8:00 am Secretary of State **DOCUMENT # 719754** 1. Entity Name COURTENAY CHRISTIAN FELLOWSHIP, INC. 05-03-2001 90042 043 \*\*\*\*70.00 Principal Place of Business Mailing Address 6250 N. COURTENAY PARKWAY 700 S COURTNEY PKWY MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7068144 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DOBSON, JIMMY L 657 IROQUOIS ST MERRITT ISLAND FL 32952 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition MONTECALVO, GARY DAVID NAME NAME STREET ADDRESS 700 S COURTENAY PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32952 TITLE D X Delete TITLE ■ Addition Change NAME WELCH, NICHOLAS C NAME 1109 DUSKVIEW DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME KREWSON, DALE G NAME STREET ADDRESS 4515 TANGELO AVE STREET ADDRESS CITY-ST-7IP **COCOA FL 32926** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition ELROD, ROBERT W NAME NAME STREET ADDRESS 978 NICKLAUS DR STREET ADDRESS CITY-ST-ZIP **ROCKLEDGE FL 32955** CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE CAMPBELL, DAVID NAME NAME STREET ADDRESS 3331 BISCAYNE DR STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32953** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CLENDINEN, CLAYTON NAME NAME STREET ADDRESS 3084 SUNSET CT STREET ADDRESS CITY-ST-ZIP COCOA FL 32922 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director 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 eath; that I am an officer or director 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 eath; that I am an officer or director 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 eath; that I am an officer or director 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 eath; that I am an officer or director 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 eath; that I am an officer or director indicated on this report of the same legal effect as if made under eath; that I am an officer or director indicated on this report of the same legal effect as if made under eath of the same legal effect as if made under eath of the same legal effect as if made under eath of the same legal effect as if made under eath of the same legal effect as if made under eath of the same legal effect as if made under eath of the same legal effect as if made under eath of the same legal effect as if made under eath of the same legal effect as if made under eath of the same legal effect as if made under eath of the same legal effect as if made under eath of the same legal effect as if made under eath of the same legal effect as if made under eath of the same legal effect as if 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 of the corporation or the receiver or trustee empowered to concern the corporation of the receiver or trustee empowered. changed, or on an attachment with an address, with all other like empowered. Gary D. Montecalvo

SIGNATURE:

A Volto REQUITION D. Dobson SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-01

FILED