## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 13, 2002 8:00 am Secretary of State **DOCUMENT # 719754** COURTENAY CHRISTIAN FELLOWSHIP, INC. 03-13-2002 90130 044 \*\*\*\*61.25 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 Applied For 4. FEI Number 23-7068144 Not Applicable Zip Country Zip Country \$8.75 Additional 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** Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) TITLE ☐ Delete TITLE Change Addition NAME MONTECALVO, GARY DAVID NAME 700 S COURTENAY PKWY STREET ADDRESS STREET ADDRESS **CR2E037** CITYSST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete TITLE ☐ Addition Change NAME KREWSON, DALE G NAME STREET ADDRESS 4515 TANGELO AVE STREET ADDRESS CITY-ST-ZIP COCOA FL 32926: CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition ELROD, ROBERT W NAME STREET ADDRESS 978 NICKLAUS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P ROCKLEDGE FL 32955 TITLE ☐ Delete Change Addition CAMPBELL, DAVID NAME NAME STREET ADDRESS 3331 BISCAYNE DR STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32953** CITY-ST-ZIP ☐ Delete [] Change ☐ Addition CLENDINEN, CLAYTON NAME STREET ADDRESS 3084 SUNSET CT STREET ADDRESS CITY-ST-ZIP COCOA FL 32922 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: 2/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02
Date
Date
Date
Description Phone #