

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735817

1. Entity Name

FELLOWSHIP BIBLE CHURCH OF ZEPHYRHILLS, INC.

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90032 007 \*\*\*\*61.25

01-19-2000 90106 028 \*\*\*\*61.25

Principal Place of Business

6407 FORT KING ROAD  
 ZEPHYRHILLS FL 33541

Mailing Address

6407 FORT KING ROAD  
 ZEPHYRHILLS FL 33541

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6543275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WACASER, MARION E. SR.  
 6403 FORT KING RD.  
 ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

Name **McKENZIE, Floyd Keith, Dr.**  
 Street Address (P.O. Box Number is Not Acceptable) **6403 Fort King Rd**  
**Zephyrhills**  
 City **FL** Zip Code **33541**

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

*Dr. F. K. McKenzie*

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**

**After September 13, 2000 min. will be \$236.25**

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	D	<input type="checkbox"/> Delete
NAME	LOVE, JAMES	
STREET ADDRESS	6537 FOXMOOR ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KORNMYER, CARL	
STREET ADDRESS	5 ST.LOT 3-9905 N.FL.AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WACASER, MARION	
STREET ADDRESS	6403 FORT KING RD.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	I	<input type="checkbox"/> Delete
NAME	LOVE, MARJORIE	
STREET ADDRESS	6537 FOXMOOR ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DECKER, HARRY	
STREET ADDRESS	6416 MIDLAND ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHULTZ, LARRY	
STREET ADDRESS	6026 18TH ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)