

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90290 036 ****61.25

DOCUMENT # 751678

1. Entity Name

THE FELLOWSHIP OF LOVE, INC.



Principal Place of Business

**VAN CIRCLE
P. O. BOX 1355
PAXTON FL 32538**

Mailing Address

**VAN CIRCLE
P. O. BOX 1355
PAXTON FL 32538**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2551421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DANLEY, ANNIE F.
RT. 2, BOX 235
LAUREL HILL FL 32567**

7. Name and Address of New Registered Agent

Name

JEFF Hemphill

Street Address (P.O. Box Number is Not Acceptable)

4823 GUERNSEY Road

City

Pace

FL

Zip Code

32571

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 **JEFF Hemphill**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-22-01

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

TITLE **VD** ☐ Delete
NAME **HEMPHILL, JEFF**
STREET ADDRESS **RT 2, BOX 8-A**
CITY-ST-ZIP **LAUREL HILL FL**

TITLE **STD** ☐ Delete
NAME **ADAMS, MILFORD**
STREET ADDRESS **406 E. 2ND AVENUE**
CITY-ST-ZIP **FLORALA AL**

TITLE **PD** ☐ Delete
NAME **HEMPHILL BOBBY J.**
STREET ADDRESS **1912 N. 5TH ST.**
CITY-ST-ZIP **FLORALA AL**

TITLE **TD** ☐ Delete
NAME **DANLEY, ANNIE F.**
STREET ADDRESS **RT. 2, BOX 235**
CITY-ST-ZIP **LAUREL HILL FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V/D/R** ☒ Change ☐ Addition
NAME **REG. Agent Address**
STREET ADDRESS **Hemphill, JEFF**
CITY-ST-ZIP **4823 Guernsey Rd. 32571**
Pace, Florida

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

William Hemphill

06-22-01 850-995-5283

CR2E037 (10/00)