

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751678

1. Entity Name

THE FELLOWSHIP OF LOVE, INC.

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90235 040 ****61.25

80087810



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

VAN CIRCLE
P. O. BOX 1355
PAXTON FL 32538

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

4. FEI Number

59-2551421

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEMPHILL, JEFF
4823 GUERNSEY ROAD
PACE FL 32571

Name

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

City

FL

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

Jeff Hemphill

JEFF HEMPHILL

4-8-2002

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
HEMPHILL, JEFF
4823 GUERNSEY RD.
PACE FL 32571

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
ADAMS, MILFORD
406 E. 2ND AVENUE
FLORALA AL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HEMPHILL BOBBY J.
1912 N. 5TH ST.
FLORALA AL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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

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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:

Milford Adams

4-8-2002

334-858-6736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)