

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90262 045 *****1.25

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HEMPHILL, JEFF
4823 GUERNSEY ROAD
PACE FL 32571**

7. Name and Address of New Registered Agent

Name **JAMES SCOUVE**
Street Address (P.O. Box Number is Not Acceptable)
205 JONES RD.
CRESTVIEW FLA.
City **CRESTVIEW** FL Zip Code **32536**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James A. Smart*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | HEMPHILL, JEFF | |
| STREET ADDRESS | 4823 GUERNSEY RD. | |
| CITY-ST-ZIP | PACE FL 32571 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | ADAMS, MILFORD | |
| STREET ADDRESS | 406 E. 2ND AVENUE | |
| CITY-ST-ZIP | FLORALA AL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HEMPHILL BOBBY J. | |
| STREET ADDRESS | 1912 N. 5TH ST. | |
| CITY-ST-ZIP | FLORALA AL | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | DANLEY, ANNIE F. | |
| STREET ADDRESS | RT. 2, BOX 235 | |
| CITY-ST-ZIP | LAUREL HILL FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------|--|
| TITLE | JAMES SCOUVE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 205 JONES RD. | |
| STREET ADDRESS | CRESTVIEW, FL. | |
| CITY-ST-ZIP | 32536 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | LAURENE SCOUVE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 205 JONES RD. | |
| STREET ADDRESS | CRESTVIEW FL. | |
| CITY-ST-ZIP | 32536 | |
| 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 *Milford Adams*

205-858-6736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)