

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90164 012 ****61.25

DOCUMENT # 760541

1. Entity Name

CHRISTIAN FELLOWSHIP RADIO, INC.

Principal Place of Business

**6407 13TH STREET COUNT EAST
 BRADENTON FL 34203**

Mailing Address

**6407 13TH STREET COUNT EAST
 BRADENTON FL 34203**

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

59-2160141

Applied For

Not Applicable

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

**BRUBAKER, LOWELL
 6407 13TH ST CT E
 BRADENTON FL 34203**

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 _____

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	PD	<input type="checkbox"/> Delete
NAME	BRUBAKER, LOWELL A	
STREET ADDRESS	6407 13TH ST CT E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRUBAKER, HELEN L	
STREET ADDRESS	6407 13TH ST CT E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRUBAKER, ROBERT	
STREET ADDRESS	RT 2 BOX 197	
CITY-ST-ZIP	FISHERSVILLE VA 22939	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MALUEG, DIANNE R.	
STREET ADDRESS	940 W CUYLER ST	
CITY-ST-ZIP	CHICAGO IL 60613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *Mrs. L.A. Brubaker* 2/6/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-255-6689

Daytime Phone #

CR2E037 (10/00)