

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90437 027 ****61.25

DOCUMENT # 766784

1. Entity Name

CHRISTIAN LOVE FELLOWSHIP MINISTRIES, INC.

Principal Place of Business

C/O JOSEPH GUADAGNINO
 747 S. FEDERAL HIGHWAY
 DEERFIELD BEACH FL 33441

Mailing Address

C/O JOSEPH GUADAGNINO
 747 S. FEDERAL HIGHWAY
 DEERFIELD BEACH FL 33441

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

59-2170711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GUADAGNINO, JOSEPH
 747 S. FEDERAL HIGHWAY
 DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
 NAME GUADAGNINO, JOSEPH
 STREET ADDRESS 747 S. FEDERAL HIGHWAY
 CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D ☐ Delete
 NAME DOLAN, REV D
 STREET ADDRESS 400 NE 6 STREET
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE STD ☐ Delete
 NAME STEPHAN, CINDY
 STREET ADDRESS 4401 CRYSTAL LAKE DR
 CITY-ST-ZIP POMPANO BCH. FL 33064

TITLE D ☐ Delete
 NAME DRABIK, THOMAS
 STREET ADDRESS 738 SE 10TH TERRACE
 CITY-ST-ZIP DEERFIELD BEACH 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 ☐ 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: *Signature of Joseph Guadagnino*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01

954-428-8980

Date

Daytime Phone #

CR2E037 (10/00)