Fellowship Church Miam UBR

NOT-FOR-PROFIT CORPORATION 12/31/06 Due by 5

FILED Mar 05, 2007 8:00 am Secretary of State

03-05-2007	90063	029	****61	25
03-03-4007	70003	ひムフ	OI	.40

OCUMENT #	Ł	F06000004768
Catilly Mama		

Fellowship Church Miami, Inc.



DO NOT WRITE IN THIS SPACE												
Principal Place of Business 3. Mailing Address				\dashv	1:15	00-	101					
	Sunset	Dr:.			High	lighway 121		\mathcal{A}	29 I	96)	
Suite, Apt. #, etc. Suite, Apt. #, etc.					. 1 -	DO NOT'WRIT	E IN THÌS	SPACE				
City & State City & State						4. FFI Number				Applied For		
Miam	_	FL		rapevine,	TX	X		4. FEI Number 75–2302539			F	Not Applicable
Zip 3314	•		Co US	Intry A	5. Certificate of Status Desired			\$8.75 Additional Fee Required				
-		•14.	•					7. Name and Addre	ss of Current	Registere	d Agent	
DO NOT WRITE IN THIS SPACE Corporate Creations Network, Inc. Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road #221E City Palm Beach Gardens FL Zip Code 32414							E Code					
8 The above	named entity	submits this statement	for the nur	nose of changing its	register	·		Beach Gard			_ 1	33410
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. (No signature is necessary)								ini, and accept				
SIGNATURE _	Stgnature, typed or	printed name of registered age	nt and title it ac	policable (NOT	: Registera	d Agent signature r	equired	when reinstating)		ĐATE		
FEE IS \$61.25 Initial or Amended UBR 9. Election Campaign Trust Fund Contrib					. –			\$5.00 May Be Added to Fees		ke Chec la Depa	-	1
10.		OFFICERS AND C	RECTOR	3	_[
TITLE NAME	C/P				TITL NAA							
STREET ADDRESS	Ed You	_	. 121			ET ADDRESS						2
CITY-ST-ZIP		lorth Highway				-ST-ZIP						
TITLE	V	111E, LA/ U	J.J.L		TITL	E						
NAME	•	n Mitchell			NAN	E						6
STREET ADDRESS	2450 North Highway 21			ET ADDRESS								
CITY-ST-ZIP	_	ine, TX 76	051		-	-ST-ZIP		E 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
TITLE NAME	D				TITL	1						
STREET ADDRESS	John C					ET ADDRESS						
CITY-ST-Z#P		Box 7166	207			-ST-ZIP		DO	NOT	WRI	TE	
TITLE		Port, FL 34	<u> </u>		TΠ	E		INI S		204	<u> </u>	
NAME	D				NAN	RE		IN I	THIS S	SPA		
STREET ADDRESS	Mac Ri		•		STR	EET ADDRESS						
CITY-ST-ZIP		Bee Caves R , TX 78738			CITY	-ST-ZIP						
TITLE	T/S	i, in 70750			TITL							
NAME STREET ADDRESS		Stovall			NAA							1
CITY-ST-ZIP	2450 N	Iorth Highwa	v 121			ET ADDRESS -ST-ZIP						İ
TITLE	Grapev	vine, TX 76	551	-	TITA							
NAME	_				NAA							
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP					CITY	'-ST-Z1P						

12. I hereby certify that the information supplied with this filing does not ordality 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 the 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 lepth as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with an other like empowered.

SIGNATURE:

SNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teb 26/07 972-471-6723