

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90074 006 ****61.25

DOCUMENT # N000000000007

1. Entity Name

FELLOWSHIP CHRISTIAN CHILD DEVELOPMENT CENTER, I

Principal Place of Business

**HIGHWAY 145
MADISON FL 32340**

Mailing Address

**POST OFFICE BOX 831
MADISON FL 32341**

00010430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3625076

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

**MCHARGUE, STEVE
HIGHWAY 145
MADISON FL 32340**

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	D	<input type="checkbox"/> Delete
NAME	MCCOLLUM, KATHY	
STREET ADDRESS	ROUTE 2 BOX 4060	
CITY-ST-ZIP	LEE FL 32059	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALTER, MICKIE	
STREET ADDRESS	POST OFFICE BOX 245	
CITY-ST-ZIP	LEE FL 32059	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMOND, CHARLOTTE	
STREET ADDRESS	ROUTE 2, BOX 411	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINKARD, DERITA	
STREET ADDRESS	7803 NE ROCKY FORD ROAD	
CITY-ST-ZIP	PINETTA FL 32350	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULKEY, AMELIA	
STREET ADDRESS	ROUTE 4 BOX 1160	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUTCHINGS, GINGER	
STREET ADDRESS	ROUTE 3, BOX 289-A	
CITY-ST-ZIP	MADISON FL 32340	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, JEFF	
STREET ADDRESS	ROUTE 3 BOX 1045	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROY TURNER	
STREET ADDRESS	ROUTE 2 BOX 435	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNIE OLIVE	
STREET ADDRESS	PO BOX 1127	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWNING, KAY	
STREET ADDRESS	P.O. BOX 148	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMPHREY, MIKE	
STREET ADDRESS	ROUTE 4 BOX 1455	
CITY-ST-ZIP	MADISON, FL 32340	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01 850-973-9353

Date

Daytime Phone #

CR2E037 (10/00)