

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000000007

1. Entity Name

FELLOWSHIP CHRISTIAN CHILD DEVELOPMENT CENTER, I
NC.

Principal Place of Business

HIGHWAY 145
MADISON FL 32340

Mailing Address

POST OFFICE BOX 831
MADISON FL 32341

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCHARGUE, STEVE
HIGHWAY 145
MADISON FL 32340

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 ☐ Delete
NAME MCCOLLUM, KATHY
STREET ADDRESS ROUTE 2 BOX 4060
CITY-ST-ZIP LEE FL 32059

TITLE ☐ Delete
NAME SALTER, MICKIE
STREET ADDRESS POST OFFICE BOX 245
CITY-ST-ZIP LEE FL 32059

TITLE ☐ Delete
NAME HAMMOND, CHARLOTTE
STREET ADDRESS ROUTE 2, BOX 411
CITY-ST-ZIP MADISON FL 32340

TITLE ☐ Delete
NAME PINKARD, DERITA
STREET ADDRESS 7803 NE ROCKY FORD ROAD
CITY-ST-ZIP PINETTA FL 32350

TITLE ☐ Delete
NAME MULKEY, AMELIA
STREET ADDRESS ROUTE 4 BOX 1160
CITY-ST-ZIP MADISON FL 32340

TITLE ☐ Delete
NAME HOWARD, JEFF
STREET ADDRESS RT 3 BOX 1045
CITY-ST-ZIP MADISON FL 32340

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90074 003 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3625076

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)