

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N00000000007**



1. Entity Name
FELLOWSHIP CHRISTIAN CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business
**HIGHWAY 145
MADISON FL 32340**

Mailing Address
**POST OFFICE BOX 831
MADISON FL 32341**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

02-03-2003 90301 040 ****61.25

**FILED
Feb 03, 2003 8:00 am
Secretary of State**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3625076** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MCCOLLUM, KATHY**
STREET ADDRESS **ROUTE 2 BOX 4060**
CITY-ST-ZIP **LEE FL 32059**

Delete

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

Delete

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

Delete

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

Delete

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

Delete

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

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-03

DATE

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CR2E037 (10/02)