

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90082 014 ****70.00

DOCUMENT # N00000008249

1. Entity Name

FELLOWSHIP OF ORLANDO, INC.



Principal Place of Business

**3000 S. JOHN YOUNG PARKWAY
ORLANDO FL 32805-6691**

Mailing Address

**3000 S. JOHN YOUNG PARKWAY
ORLANDO FL 32805-6691**

2. Principal Place of Business

5979 VINELAND RD

3. Mailing Address

5979 VINELAND RD

Suite, Apt. #, etc.

SUITE 314

Suite, Apt. #, etc.

SUITE 314

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32819

Country

USA

Zip

32819

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3702272**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GAGE, RODNEY
4231 INWOOD LANDING DRIVE
ORLANDO FL 32812**

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. 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** ☐ Delete
NAME **GAGE, RODNEY**
STREET ADDRESS **4231 INWOOD LANDING DRIVE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D** ☒ Delete
NAME **GAGE, MICHELLE**
STREET ADDRESS **4231 INWOOD LANDING DRIVE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D** ☐ Delete
NAME **SCHRIMSHER, STEVE**
STREET ADDRESS **3340 CARLA STREET**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Scott Crossman**
STREET ADDRESS **1448 Conway Isle Circle**
CITY-ST-ZIP **Belle Isle, Florida 32809**

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: **X** SIGNATURE REQUIRED

3/10/03

CR2E037 (10/02)