

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000265

1. Entity Name

THE VILLAGE FELLOWSHIP OF WELLINGTON, FLORIDA, I
NC.

Principal Place of Business

12932 MEADOWBREEZE DR.
WELLINGTON FL 33414

Mailing Address

12932 MEADOWBREEZE DR.
WELLINGTON FL 33414

2. Principal Place of Business

1100 Aero Club Dr

Suite, Apt. #, etc.

3. Mailing Address

Po Box 542124

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

LAKE WORTH, FL

Zip

33414

Country

USA

Zip

33454

Country

USA

6. Name and Address of Current Registered Agent

MATTHEWS, A. ROY
623 PINE CIRCLE
GREENACRES FL 33463

4. FEI Number

65-1065868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

MATTHEWS, A. ROY

Street Address (P.O. Box Number is Not Acceptable)

507 PINE CIRCLE

City

Greenacres

FL

Zip Code

33463

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

After September 13, 2002,
min. will be \$236.25.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete	D	MATTHEWS, A. ROY	623 PINE CIRCLE GREENACRES FL 33463	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	ROA, HECTOR E	214A FOXTAIL DR. WEST PALM BEACH FL 33415	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Delete	D	MISSINNE, ADRIEN J	12932 MEADOWBREEZE DR. WELLINGTON FL 33414	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Change	<input type="checkbox"/> Addition	P	LISA MATTHEWS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		507 PINE CIR GREENACRES, FL 33463	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/02

561-963-4542

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90123 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)