

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N01000008324**

1. Entity Name

CHRIST COMMUNITY FELLOWSHIP CHURCH, INC

Principal Place of Business

**150 DESOTO PARKWAY
SATELLITE BEACH FL 32937**

Mailing Address

**150 DESOTO PARKWAY
SATELLITE BEACH FL 32937**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FORTINO, FRANK
150 DESOTO PARKWAY
SATELLITE BEACH FL 32937**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FORTINO, FRANK
150 DESOTO PARKWAY
SATELLITE BEACH FL 32937** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAVEN, GEORGE
468 WINCHESTER RD
SATELLITE BEACH FL 32937** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TURSKEY, LILLIAN
507 BAY CIRCLE
INDIAN HARBOUR BEACG FL 32937** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

321-777-4354

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90054 032 ****61.25



DO NOT WRITE IN THIS SPACE