

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03128

1. Entity Name

CHRISTIAN FELLOWSHIP CHURCH INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90002 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

500 N. 15 STREET  
MEXICO BEACH FL 32410  
US

P.O. BOX 13635  
MEXICO BEACH FL 32410-3635  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2907227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBSON, GUY  
PATRICK HARDY ROAD  
WEWAHITCHKA FL 32465

Name

GUY GIBSON

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

274 South Canal St.

City

Port St. Joe, FL 32456

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 GUY GIBSON DT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Delete  
NAME GIBBS, PRESTON  
STREET ADDRESS 614 KEMP RD.  
CITY-ST-ZIP WEWAHITCHKA FL

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

TITLE DT ☒ Delete  
NAME GIBSON, GUY  
STREET ADDRESS PATRICK HARDY RD.  
CITY-ST-ZIP OVERSTREET FL

TITLE ☒ Change ☐ Addition  
NAME DT  
STREET ADDRESS GIBSON, GUY  
CITY-ST-ZIP 274 SOUTH CANAL ST.  
PORT ST. JOE, FL 32456

TITLE T ☐ Delete  
NAME RESPRESS, JAMES  
STREET ADDRESS RT. 1, BOX 413, 384 RAVEN RD.  
CITY-ST-ZIP WEWAHITCHKA FL

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

TITLE DT ☐ Delete  
NAME PARKER, TOM  
STREET ADDRESS 341 BALBOA  
CITY-ST-ZIP ST. JOE BEACH FL

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

TITLE T ☐ Delete  
NAME CORBELL, MICHELLE  
STREET ADDRESS HC 3 BOX 5-F  
CITY-ST-ZIP PORT ST JOE FL 32546

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

TITLE ☐ Delete  
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.

Michelle Corbell

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

01-12-00

850-648-5060