

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03128

1. Entity Name

CHRISTIAN FELLOWSHIP CHURCH INC.

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90334 011 \*\*\*\*61.25

Principal Place of Business

500 N. 15 STREET  
MEXICO BEACH FL 32410  
US

Mailing Address

P.O. BOX 13635  
MEXICO BEACH FL 32410  
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  
274 SOUTH CANAL ST  
PORT SAINT JOE FL 32456

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
GIBSON, GUY  
274 SOUTH CANAL ST  
PORT SAINT JOE FL 32456

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

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

TITLE ☒ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RESPRESS, JAMES  
105 RAVEN LN  
WEWAHITCHKA, FL

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

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
VIRGINIA RESPRESS  
105 RAVEN LN  
WEWAHITCHKA, FL

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
CORBELL, MICHELLE  
HC 3 BOX 5-F  
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-2001 850648887

CR2E037 (10/00)