

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03128

1. Entity Name

CHRISTIAN FELLOWSHIP CHURCH INC.

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 Guy Gibson  
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 DT  
STREET ADDRESS GIBBS, PRESTON  
CITY-ST-ZIP 614 KEMP RD.  
WEWAHITCHKA FL

TITLE ☐ Change ☒ Addition  
NAME Miller, Lois  
STREET ADDRESS 354 Pineda St.  
CITY-ST-ZIP Port St. Joe, Fl. 32456

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

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

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

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RESPRESS, JAMES  
CITY-ST-ZIP 105 RAVEN LANE  
WEWAHITCHKA FL

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

TITLE ☐ Delete  
NAME I  
STREET ADDRESS RESPRESS, VIRGINIA  
CITY-ST-ZIP 105 RAVEN LANE  
WEWAHITCHKA FL

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 17, 2002 8:00 am  
Secretary of State

02-17-2002 90091 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)