

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90087 047 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

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

**GIBSON, GUY
274 SOUTH CANAL ST
PORT SAINT JOE FL 32456**

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. 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

1-18-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **S** ☐ Delete
NAME **MILLER, LOIS**
STREET ADDRESS **354 PINEDA ST**
CITY-ST-ZIP **PORT SAINT JOE FL 32456**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED Pres.

1-10-03 1-850-648-8972

CR2E037 (10/02)