

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04442

1. Entity Name

CHRISTIAN FELLOWSHIP CHURCH OF GREEN COVE SPRING

Principal Place of Business

% SALAZAR, PAUL C.
500 SOUTH HIGHLAND AVENUE
GREEN COVE SPRINGS FL 32043-5150
US

Mailing Address

852-1 WARNER RD
GREEN COVE SPRINGS FL 32043-4622
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALAZAR, PAUL C.
852-1 WARNER ROAD
GREEN COVE SPRINGS FL 32043

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 PD
NAME SALAZAR, PAUL C. ☐ Delete
STREET ADDRESS 852-1 WARNER RD
CITY-ST-ZIP GREEN COVE SPRGS FL

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

TITLE VD
NAME HUNTER, LYDIA O ☐ Delete
STREET ADDRESS 506S HIGHLAND AVE
CITY-ST-ZIP GREEN COVE SPRGS FL

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

TITLE STD
NAME SALAZAR, BOBBIE C. ☐ Delete
STREET ADDRESS 852-1 WARNER RD
CITY-ST-ZIP GREEN COVE SPRGS 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90170 009 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2454843

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required