

2001 UNIFORM BUSINESS REPORT (UBR)

4/3/

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-03-2001 90108 017 ****61.25

DOCUMENT #

N14543

1. Entity Name

TRUE FELLOWSHIP CHURCH, INC.

Principal Place of Business

1110-27th./St.S.E,
RUSKIN, FL. 33570

Mailing Address

2810-14th.Ave. S.E.
RUSKIN, FL. 33570

2. Principal Place of Business

1110-27th.St.S.E.

Suite, Apt. #, etc.

3. Mailing Address

2810-14th. S.E.

Suite, Apt. #, etc.

City & State

RUSKIN, FL.

City & State

RUSKIN, FL.

Zip

33570

Country

Hills.

Zip

33570

Country

Hills

4. FEI Number

0592167377

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

WILLIAM CRENSHAW

2810-14th. Ave. S.E.

RUSKIN, FL. 33570

RUSKIN,

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRENSHAW TAYLOR, CARL 9414-69th Ave. East PALMETTO, FL. 34221	<input type="checkbox"/> Delete VD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	crenshaw william 2810-14th. Ave. S.E. RUSKIN, FL. 33570	<input type="checkbox"/> Delete P-D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Meredith 1911-14th. Ave. S.E. RUSKIN, FL. 33570	<input type="checkbox"/> Delete std
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUBBEE, FRANK LAMAR 1308-SWENEY DR. RUSKIN, FL. 33570	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARTHUR BRADY 7145 FAIRVIEW PARK DR. Tampa, FL. 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William Crenshaw (P)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-2001

813-645-5083

645-5083

Date

Daytime Phone #

CR2E037 (11/00)