

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90278 038 \*\*\*\*61.25

**DOCUMENT # N17769**

1. Entity Name

**COMMUNITY FELLOWSHIP, INC.**

Principal Place of Business

Mailing Address

**525 AVE B. NW  
 P.O. BOX 7785  
 WINTER HAVEN FL 33881  
 US**

**P. O. BOX 7785  
 P.O. BOX 7785  
 WINTER HAVEN FL 33883  
 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

**59-2733808**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RANDY CONRAD  
 555 AVE L. NW  
 WINTER HAVEN FL 33881**

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 **DP**  Delete  
 NAME **CONRAD, RANDY**  
 STREET ADDRESS **1311 MEADOW CIRCLE, N.E.**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT**  Delete  
 NAME **SMITH, HERMAN, G**  
 STREET ADDRESS **44 LAKE HOWARD DR SW**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **331 Hamilton Shore Dr. N.**  
 CITY-ST-ZIP **Winter Haven FL 33881**

TITLE **DS**  Delete  
 NAME **HAMILTON, PHILIP**  
 STREET ADDRESS **1025 S. LK. MARIAM DRIVE**  
 CITY-ST-ZIP **WINTER HAVEN 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  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 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: *Randy Conrad* (Randy Conrad)

4-3-02

(863) 293-4249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)