

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90111 015 ****61.25

DOCUMENT # N17769

1. Entity Name

COMMUNITY FELLOWSHIP, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1289 FIRST ST. SOUTH

3. Mailing Address

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

Zip

33880

Country

US

Zip

Country

4. FEI Number **59-2733808**

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

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **SMITH, HERMAN, G**
CITY-ST-ZIP **331 HAMILTON SHORE DR N
WINTER HAVEN FL 33881**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)

4-11-03

(863) 293-4249

CR2E037 (10/02)