2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90055 037 ****61.25

DOCUMENT # N42909

1. Entity Name

FAITH COMMUNITY FELLOWSHIP, INC.

611564

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
FAITH COMMUNITY FELLOWSHIP 3264 TOWNSEND BLVD JACKSONVILLE FL 32277-2751 US	FAITH COMMUNITY FELLOWSHIP 3264 TOWNSEND BLVD JACKSONVILLE FL 32277-2751 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 59-3054501 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POTTER, MAYME
6519-SAWALLOW COVE RD
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name: Percy Crook

Street Address (P.O. Box Number is Not Acceptable): 10961 Challeux South

City: Jacksonville FL Zip Code: 32225

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: Percy L. Crook
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S POTTER, MAYME L 6519 SWALLOW COVE RD JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Percy Crook 10961 Challeux So Jacksonville, FL 32225	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, WENDELL 1591 GATELY RD. JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Herb Lewis 939 Millard Court Jacksonville FL 32225	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, GLEN D. 3214 FIESTA LANE JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Charles McDuffie 851 West Colonial Court Jacksonville, FL 32225	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUDKE, ART 1709 INDIAN SPRINGS JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Roy Jones 720 San Souci Jacksonville, FL 32216	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCARBOROUGH, BOB 3856 BESS ROAD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Herb Lewis 1-24-2000 745-4615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #