

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90056 033 \*\*\*\*61.25

**DOCUMENT # N43071**

1. Entity Name

**CHRISTIAN FELLOWSHIP AT DEL TURA, INC.**

Principal Place of Business

Mailing Address

553 CATALINA DR.  
 N. FT MYERS FL 33903

553 CATALINA DR.  
 N. FT MYERS FL 33903-1514

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

**65-0277499**

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

**HEIDECKER, JOSEPH**  
**553 CATALINA DR.**  
**N. FT MYERS FL 33903**

Name

**LOFTY A. GUIRGUIS**

Street Address (P.O. Box Number is Not Acceptable)

**1423 SE. 16th. PL. #204**

**CAPE CORAL FL. 33990**

City

**CAPE CORAL ,**

**FL**

Zip Code  
**33990**

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

*Lofty A. Guirguis*

**5/1/00**

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  Delete  
 NAME **VPD**  
**KLIE, WILLIAM J**  
 STREET ADDRESS **804 VIA DEL SOL**  
 CITY-ST-ZIP **N FORT MYERS FL**

TITLE  Change  Addition  
 NAME **PD Rev. Barie Fez-Barrington**  
**1011 La Paloma Blvd.**  
 STREET ADDRESS **N. Fort Myers Fl. 33903-2736**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD**  
**HEIDECKER, JOSEPH**  
 STREET ADDRESS **553 CATALINA DR**  
 CITY-ST-ZIP **N FORT MYERS FL**

TITLE  Change  Addition  
 NAME **VPD Christina Fez-Barrington**  
**1011 La Paloma Blvd.**  
 STREET ADDRESS **N. Fort Myers Fl. 33903- 2736.**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD**  
**HEIDECKER, DOROTHY**  
 STREET ADDRESS **553 CATALINA DR.**  
 CITY-ST-ZIP **N. FT MYERS FL**

TITLE  Change  Addition  
 NAME **SD Lofty A. Guirguis**  
**1423 SE. 16th. PL. #204.**  
 STREET ADDRESS **CAPE CORAL FL. 33990.**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T**  
**KLIE, CARRIE-LEE**  
 STREET ADDRESS **804 VIA DEE SOL**  
 CITY-ST-ZIP **N. FT. MYERS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**COLEY, LEN R**  
 STREET ADDRESS **218 GLEASON DR**  
 CITY-ST-ZIP **CAPE CORAL 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

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

*Lofty A. Guirguis*

**5/1/00**

Daytime Phone #

CR2E037 (1/99)