

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0045535

DOCUMENT # N43071

1. Entity Name

CHRISTIAN FELLOWSHIP AT DEL TURA, INC.

03-31-2002 90051 035 ****61.25

Principal Place of Business

Mailing Address

1011 LA PALOMA BLVD
 N. FT MYERS FL 33903

1011 LA PALOMA BLVD
 N. FT MYERS FL 33903

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

~~GUIRGUIS, LOFTY A~~
~~1423 SE 16TH PLAVE # 204~~
~~CAPE CORAL FL 33990~~

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

Lofty A. Guirguis **3/16/02**

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 **PD FEZ-BARRINGTON, BARIE**
 STREET ADDRESS **1011 LA PALOMA BLVD**
 CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD FEZ-BARRINGTON, CHRISTINA**
 STREET ADDRESS **1011 LA PALOMA BLVD**
 CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD GUIRGUIS, LOFTY A**
 STREET ADDRESS **1423 SE 16TH PLACE #204**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barie Fez-Barrington **3/16/02** **479 8390**

Date

Daytime Phone #

CR2E037 (9/01)