

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44313

1. Entity Name

FELLOWSHIP OF CHRISTIAN INSURANCE AGENTS, INC.

Principal Place of Business

Mailing Address

754 FORTUNA DRIVE
BRANDON FL 33511
US

P.O. BOX 1148
BRANDON FL 33511
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

59-3079026

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

WATSON, DAVID G. JR.
754 FORTUNA DR.
BRANDON FL 33511

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WATSON, DAVID G. JR.
754 FORTUNA DR.
BRANDON FL ☐ Delete

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP
D
WATSON, BETTY B
754 FORTUNA DRIVE
BRANDON FL ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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LOWE, FRANK
754 FORTUNA DR.
BRANDON FL ☐ Delete

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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:

David G. Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2002
Date

Daytime Phone #

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90010 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)