

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90153 004 ****61.25

DOCUMENT # N44313

1. Entity Name

FELLOWSHIP OF CHRISTIAN INSURANCE AGENTS, INC.



Principal Place of Business

**754 FORTUNA DRIVE
BRANDON FL 33511
US**

Mailing Address

**P.O. BOX 1148
BRANDON FL 33511
US**

2. Principal Place of Business

913 ALLEGRO LANE

3. Mailing Address

Suite, Apt. #, etc.

City & State

APOLLO BEACH FL

City & State

Zip

33572

Country

USA

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

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

7. Name and Address of New Registered Agent

Name

DAVID G. WATSON, JR.

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

913 ALLEGRO LANE

City

APOLLO BEACH

FL

Zip Code

33572

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 **DAVID G. WATSON, JR.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/19/2003

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

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

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

☒ Change ☐ Addition
TITLE **D** ☐ Delete
NAME **WATSON, BETTY B**
STREET ADDRESS **754 FORTUNA DRIVE**
CITY-ST-ZIP **BRANDON FL**

TITLE **D** ☐ Delete
NAME **LOWE, FRANK**
STREET ADDRESS **754 FORTUNA DR.**
CITY-ST-ZIP **BRANDON FL**

☒ Change ☐ Addition
TITLE **D** ☐ Delete
NAME **LOWE, FRANK**
STREET ADDRESS **754 FORTUNA DR.**
CITY-ST-ZIP **BRANDON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID G. WATSON, JR. 2/19/2003 8136418077

CR2E037 (10/02)