

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90088 012 ****70.00

DOCUMENT # N49515

1. Entity Name

UNITED STATES FELLOWSHIP OF FLORIDA, INC.



Principal Place of Business

**1320 COCO PLUM DRIVE
MARATHON FL 33050
US**

Mailing Address

**1320 COCO PLUM DRIVE
MARATHON FL 33050
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0350843**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARPE, CATHY
1320 COCO PLUM DRIVE
MARATHON FL 33050**

7. Name and Address of New Registered Agent

Name

CLARE CONDR

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

1320 COCO PLUM DR.

City

MARATHON

FL

Zip Code

33050

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 **CLARE CONDR - ADMINISTRATOR**

1-9-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**
NAME **DOOLEY, COLLEEN** ☐ Delete
STREET ADDRESS **5901 W. COLLEGE ROAD**
CITY-ST-ZIP **KEY WEST FL**

TITLE **D** ☐ Change ☒ Addition
NAME **CHRIS ROSSBACH**
STREET ADDRESS **135 COCO PLUM DR**
CITY-ST-ZIP **MARATHON, FL 33050**

TITLE **D** ☐ Delete
NAME **GERBRACHT, HELEN**
STREET ADDRESS **2325 SEIDENBERG AVE**
CITY-ST-ZIP **KEY WEST FL**

TITLE **D** ☐ Change ☒ Addition
NAME **TOSH MOTHNER**
STREET ADDRESS **62ND STREET**
CITY-ST-ZIP **MARATHON, FL 33050**

TITLE **D** ☐ Delete
NAME **READ, SHERRY**
STREET ADDRESS **1509 PATRICIA STREET**
CITY-ST-ZIP **KEY WEST FL**

TITLE **D** ☐ Change ☒ Addition
NAME **BEVERLY GOLDNER**
STREET ADDRESS **1500 ATLANTIC BLVD**
CITY-ST-ZIP **KEY WEST, FLORIDA 33040**

TITLE **M** ☒ Delete
NAME **HARPE, CATHY**
STREET ADDRESS **1320 COCO PLUM DR**
CITY-ST-ZIP **MARATHON FL 33050**

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

TITLE **D** ☒ Delete
NAME **JANSEN, ELLY**
STREET ADDRESS **1320 COCO PLUM DR**
CITY-ST-ZIP **MARATHON FL 33050**

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

TITLE **D** ☐ Delete
NAME **M McNALLY, ROBERT K**
STREET ADDRESS **135 COCO PLUM #4D**
CITY-ST-ZIP **MARATHON FL 33050**

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 OF REGISTERED AGENT

1/9/03

CR2E037 (10/02)