

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51387

1. Entity Name

CHRISTIAN FELLOWSHIP BAPTIST CHURCH, MINISTRIES.

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90004 025 ****70.00

Principal Place of Business

P.O. BOX 54005
JACKSONVILLE FL 32246

Mailing Address

P.O. BOX 54005
JACKSONVILLE FL 32246

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

58-5291048

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

ANDERSON, KENDALL
5563 LYNNE TREE LN. N.
JACKSONVILLE FL 32258

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

After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	STOKES, MARIE	
STREET ADDRESS	1600 LANDSDOWNE DR, #510	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOKES, BETTY	
STREET ADDRESS	58000 BARNES RD. S. #18	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, DEBORAH	
STREET ADDRESS	561 BREVARD ST NORTH	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, CHARLES	
STREET ADDRESS	561 BREVARD ST. N.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DRUMMOND, ROBERT	
STREET ADDRESS	10655 WELLINGTON WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOKES, COLEMAN	
STREET ADDRESS	1600 LANDSDOWNE DR, #510	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, KAREN	
STREET ADDRESS	5563 LYNNE TREE LN. N.	
CITY-ST-ZIP	JACKSONVILLE, FL.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIVENS TERRANCE	
STREET ADDRESS	12287 SONORA COVE TRAIL N.	
CITY-ST-ZIP	JACKSONVILLE, FL.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIVENS LENORA	
STREET ADDRESS	12287 SONORA COVE TRAIL N.	
CITY-ST-ZIP	JACKSONVILLE, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

KARONAT OREDESSED

7-27-00 (904)262-7070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)