

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90050 010 ****61.25

DOCUMENT # N93000005108

1. Entity Name

IMMANUEL FELLOWSHIP, INC.

Principal Place of Business

**1106 PHYLLIS AVENUE
 NICEVILLE FL 32578
 US**

Mailing Address

**1106 PHYLLIS AVENUE
 NICEVILLE FL 32578
 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

59-3219369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MCKELVEY, WILLIAM P
 1106 PHYLLIS AVENUE
 NICEVILLE FL 32578**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **MCKELVEY, WILLIAM P**
 STREET ADDRESS **1549 CEDAR STREET**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **SD** ☐ Delete
 NAME **BRITT, JIM**
 STREET ADDRESS **73020 LOBLOLLY BAY TR**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **D** ☐ Delete
 NAME **JONES, DANNY**
 STREET ADDRESS **4145 TALL TREE DR**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

William P. McKelvey

William P. McKelvey

4/27/01

850-678-0675

CR2E037 (10/00)