

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002319

1. Entity Name

COMMUNITY FAITH FELLOWSHIP, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90031 049 ****61.25

Principal Place of Business

900 W HICKPOOCHEE
LABELLE FL 33935
US

Mailing Address

P.O. BOX 1638
LABELLE FL 33975

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 **65-0494198**

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

COLLARD, WILLIAM E.
4091 SE EDGEWATER
LABELLE FL 33935

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 **D** ☐ Delete
NAME **GRANT, WARREN L.**
STREET ADDRESS **4020 RAINBOW CIRCLE**
CITY-ST-ZIP **LABELLE FL 33935**

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

TITLE **CD** ☐ Delete
NAME **COLLARD, WILLIAM E.**
STREET ADDRESS **4091 SE EDGEWATER**
CITY-ST-ZIP **LABELLE FL 33935**

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

TITLE **VCD** ☐ Delete
NAME **LABELLE, RAYMOND**
STREET ADDRESS **4556 SPRINGVIEW**
CITY-ST-ZIP **LABELLE FL 33935**

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

TITLE **TD** ☒ Delete
NAME **AKERS, SUE**
STREET ADDRESS **900 W HICKPOOCHEE F-11**
CITY-ST-ZIP **LABELLE FL 33935**

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

TITLE **SD** ☐ Delete
NAME **BRUCE, EMILY L**
STREET ADDRESS **900 W HICKPOOCHEE G-1**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☒ Change ☐ Addition
NAME *Secretary/Treasurer*
STREET ADDRESS *Emily L. Bruce*
CITY-ST-ZIP *4010 Rye Court*
LaBelle, FL 33935-5440

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Emily L. Bruce*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01 863-674-4715
Date Daytime Phone #

CR2E037 (10/00)