

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90020 012 ****61.25

DOCUMENT # N96000001544

1. Entity Name

FIL-AM CHRISTIAN FELLOWSHIP INCORPORATED

Principal Place of Business

**4724 OKEECHOBEE BLVD
WEST PALM BEACH FL 33417**

Mailing Address

**46 SIOUX LANE
LANTANA FL 33462-2263
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0656645

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BEN, LEE REV.
46 SIOUX LANE
LANTANA FL 33462**

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 ☐ Delete
NAME **D GONZALES, AMADEO**
STREET ADDRESS **260 S BARFIELD HWY APT 3A**
CITY-ST-ZIP **PAHOKEE FL 33476**TITLE ☐ Delete
NAME **D NADEAU, LEO**
STREET ADDRESS **46 SIOUX LANE**
CITY-ST-ZIP **LANTANA FL 33462**TITLE ☐ Delete
NAME **D SIMON, HONEYLITO**
STREET ADDRESS **127 ROYAL PINE CIRCLE NO.**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**TITLE ☐ Delete
NAME **D CRAFT, JAMES REV**
STREET ADDRESS **272 LA MANCHA AVE**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: JAMES CRAFT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 795-2603

Date

Daytime Phone #