

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90070 016 \*\*\*\*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  
US

2. Principal Place of Business

3. Mailing Address

272 LA MANCHA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

ROYAL PALM BEACH, FLORIDA

Zip

Country

Zip

Country

33411

4. FEI Number

65-0656645

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BEN, LEE REV.  
46 SIOUX LANE  
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

REV. DR. JAMES C. CRAFT

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

272 LA MANCHA AVE

City

ROYAL PALM BEACH

FL

Zip Code

33411

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

REV. DR. JAMES C. CRAFT

(NOTE: Registered Agent signature required when reinstating)

01-18-01

DATE

**FILE NOW:**  
**FEE IS \$81.25**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	D	<input type="checkbox"/> Delete
NAME	GONZALES, AMADEO	
STREET ADDRESS	260 S BARFIELD HWY APT 3A	
CITY-ST-ZIP	PAHOKEE FL 33478	

TITLE	D	<input type="checkbox"/> Delete
NAME	NADEAU, LEO	
STREET ADDRESS	46 SIOUX LANE	
CITY-ST-ZIP	LANTANA FL 33462	

TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON, HONEYLITO	
STREET ADDRESS	127 ROYAL PINE CIRCLE NO.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	

TITLE	D	<input type="checkbox"/> Delete
NAME	CRAFT, JAMES REV	
STREET ADDRESS	272 LA MANCHA AVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)