

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001544

1. Entity Name

FIL-AM CHRISTIAN FELLOWSHIP INCORPORATED

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90202 013 ****61.25

Principal Place of Business

Mailing Address

4724 OKEECHOBEE BLVD
WEST PALM BEACH FL 33417

272 LA MANCHA AVE
ROYAL PALM BEACH FL 33411
US

2. Principal Place of Business

2230 Haverhill Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33417

Country

US

Zip

Country

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

CRAFT, JAMES C. REV. DR.
272 LA MANCHA AVE
ROYAL PALM BEACH FL 33411

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 D
NAME GONZALES, AMADEO
STREET ADDRESS 260 S BARFIELD HWY APT 3A
CITY-ST-ZIP PAHOKEE FL 33476 ☐ Delete

TITLE D
NAME NADEAU, LEO
STREET ADDRESS 46 SIOUX LANE
CITY-ST-ZIP LANTANA FL 33462 ☐ Delete

TITLE D
NAME SIMON, HONEYLITO
STREET ADDRESS 127 ROYAL PINE CIRCLE NO.
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

TITLE D
NAME CRAFT, JAMES REV
STREET ADDRESS 272 LA MANCHA AVE
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE REQUIRED: JAMES C. CRAFT

1/10/02 (561) 795-2603

CR2E037 (9/01)