

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000000249

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: FAITH CHRISTIAN FELLOWSHIP INTERNATIONAL, INC.

Current Principal Place of Business:

2974 HARTLEY ROAD WEST
C/O H W W
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL CLARKE
11659 DUNES WAY DR. N.
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3419817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKE, MICHAEL H
11659 DUNES WAY DR N
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CLARKE, MICHAEL H
Address: 11659 DUNES WAY DR. N.
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD () Delete
Name: HOLLIS, AUSTIN O JR
Address: 3224 JULINGTON CK RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD () Delete
Name: BARKET, THOMAS
Address: 9179 BAY COVE LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: BORNE, RAY
Address: 605 HIBERNIA OAKS DR.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL H. CLARKE

T

04/30/2002

Electronic Signature of Signing Officer or Director

Date