

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004191

1. Entity Name

FELLOWSHIP ALLIANCE CHURCH OF THE CHRISTIAN & MI

Principal Place of Business

Mailing Address

22045 HWY. 231
FOUNTAIN FL 32438

P.O. BOX 258
FOUNTAIN FL 32438-0258

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

59-3464657

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

NOBLES, GLEN C JR
3330 HWY 69
GRAND RIDGE FL 32442

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 SD
NAME HODGE, KIMELYN
STREET ADDRESS RT. 1, BOX 3120
CITY-ST-ZIP FOUNTAIN FL 32438 ☐ Delete

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

TITLE TD
NAME STEPHENS, GEORGANNE
STREET ADDRESS RT. 1, 315A
CITY-ST-ZIP ALTHA FL 3221 ☐ Delete

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

TITLE ED
NAME HODGE, DOUGLAS
STREET ADDRESS RT. 1, BOX 3120
CITY-ST-ZIP FOUNTAIN FL 32438 ☐ Delete

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

TITLE P.
NAME NOBLES, GLEN C JR
STREET ADDRESS 3330 HWY 69
CITY-ST-ZIP GRAND RIDGE FL 32442 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glen C. Nobles Jr.

1-29-00 (850) 592-3304

Date

Daytime Phone #

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90182 010 ****61.25



DO NOT WRITE IN THIS SPACE

CD000007 (0/00)