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2001 UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2001 8:00 am DOCUMENT # N97000004191 **Secretary of State** 03-21-2001 90060 020 ****61.25 FELLOWSHIP ALLIANCE CHURCH OF THE CHRISTIAN & MI Principal Place of Business Mailing Address 22045 HWY. 231 P.O. BOX 258 **FOUNTAIN FL 32438** C0036231 FOUNTAIN FL 32438 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3464657 Not Applicable. Zip ...Zin ------Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent William T. Childs, J. Address (P.O. Box Number is Not Acceptable) NOBLES, GLEN C JR 1816 W. 30th St. 3330 HWY 69 Panama City, FL. 32405 **GRAND RIDGE FL 32442** City 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. FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE Delete TITLE ☐ Change ☐ Addition HODGE, KIMELYN NAME RT. 1, BOX 3120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **FOUNTAIN FL 32438** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition STEPHENS, GEORGANNE NAME NAME STREET ADDRESS RT-1;-315A~ STREET ADDRESS CITY-ST-ZIP ALTHA FL 3221 CITY-ST-ZIP ☐ Change TITLE ■ Addition TITLE ☐ Delete HODGE, DOUGLAS NAME NAME STREET ADDRESS RT. 1, BOX 3120 STREET ADDRESS CITY-ST-ZIP **FOUNTAIN FL 32438** CITY-ST-ZIP Delete Pastor **K**Change TITLE ☐ Addition NOBLES, GLEN C JR William T. Childs, Jr. 3330 HWY 69 STREET ADDRESS STREET ADDRESS 1816 W. 30th St. CITY-ST-ZIP **GRAND RIDGE FL 32442** CITY-ST-ZIP Panama City, FL 32405 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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