

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-06-2002 90076 017 ****61.25

DOCUMENT # N97000004191

1. Entity Name

FELLOWSHIP ALLIANCE CHURCH OF THE CHRISTIAN & MISSIONARY ALLIANCE, INC.

Principal Place of Business

22043 HWY. 231
 FOUNTAIN FL 32438

Mailing Address

P.O. BOX 258
 FOUNTAIN FL 32438

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

JR. CHILDS, WILLIAM T
 1816 W 30TH ST
 PANAMA CITY FL 32405

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

W.T. Childs, Jr.

W.T. Childs, Jr. 2-14-02

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

TITLE **TD** ☒ Delete
 NAME **STEPHENS, GEORGANNE T**
 STREET ADDRESS **RT. 1, 315A**
 CITY-ST-ZIP **ALPHA FL 3221**

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

TITLE **P** ☒ Delete
 NAME **JR. CHILDS, WILLIAM T**
 STREET ADDRESS **1816 W 30TH ST**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

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 **Secretary**
 STREET ADDRESS **Woolever, Rena T**
 CITY-ST-ZIP **3181 Beaverhead, Marianna, FL 32446**

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

TITLE ☐ Change ☒ Addition
 NAME **Elder**
 STREET ADDRESS **Shoemaker, Judson T**
 CITY-ST-ZIP **9773 Bearhead, NW**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Altha, FL 32421**

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

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 817, 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:

W.T. Childs, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.T. Childs, Jr. Date 850-872-6901

CR2E037 (9/01)