

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 02, 2001 8:00 am
Secretary of State

03-12-2001 90008 020 ****61.25

DOCUMENT # N98000001974

1. Entity Name

~~STEVEN R. HALL EVANGELISTIC ASSOCIATION, INC.~~ N/C 11/13/00
Kingdom Fellowship, INC. (TM)

Principal Place of Business

Mailing Address

3674 SAN VISCAYA DRIVE
JACKSONVILLE FL 32217

3674 SAN VISCAYA DRIVE
JACKSONVILLE FL 32217

2. Principal Place of Business

3. Mailing Address

4241 Baymeadows Rd #11
Suite, Apt. #, etc. #11

4241 Baymeadows Rd #11
Suite, Apt. #, etc. #11

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip Country
32217 Duval

Zip Country
32217 Duval

4. FEI Number

59-3504313

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

HALL, STEVEN R
3674 SAN VISCAYA DRIVE
JACKSONVILLE FL 32217

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 D
NAME HALL, STEVEN R
STREET ADDRESS 3674 SAN VISCAYA DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

TITLE Pres D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME CORLEY, TED
STREET ADDRESS 1511 LINDEN AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32207 ☒ Delete

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

TITLE D
NAME MCINTYRE, HOWARD
STREET ADDRESS 8039 CUMBERLAND GAP TRAIL NORTH
CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Delete

TITLE Vice Pres D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Vice Pres D
NAME Vaughn McLaughlin
STREET ADDRESS 4241 Baymeadows Rd #11
CITY-ST-ZIP Jacksonville FL 32217 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Pres D
NAME Don Brewer
STREET ADDRESS 4241 Baymeadows Rd #11
CITY-ST-ZIP Jacksonville FL 32217 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Secretary D
NAME Finger Hall
STREET ADDRESS 4241 Baymeadows Rd #11
CITY-ST-ZIP Jacksonville FL 32217 ☐ 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 of Steven R. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/00)