

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90030 014 ****61.25

DOCUMENT # N98000002282

1. Entity Name

EMMANUEL CHRISTIAN FELLOWSHIP OF GREEN COVE SPRI

Principal Place of Business

**3104 NAUTILUS ROAD
MIDDLEBURG FL 32068**

Mailing Address

**3104 NAUTILUS ROAD
MIDDLEBURG FL 32068**

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 **59-3512887**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DANIEL, LONNIE
3104 NAUTILUS ROAD
MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25**

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 **DP** ☐ Delete
NAME **DANIEL, LONNIE**
STREET ADDRESS **3104 NAUTILUS ROAD**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **DV** ☐ Delete
NAME **BROWN, ANNIE P**
STREET ADDRESS **721 PINE ST**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **DST** ☒ Delete
NAME **DAVIS, JENNIFER D**
STREET ADDRESS **3104 NAUTILUS RD**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **DS** ☐ Delete
NAME **JACKSON, LINDA**
STREET ADDRESS **2646 MESQUITE BLVD.**
CITY-ST-ZIP **ORANGE PARK FL 32073**

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **DST DANIEL, JACQUELINE D**
STREET ADDRESS **1825 LAKE FOREST LANE**
CITY-ST-ZIP **ORANGE PARK FL 32003**

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

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 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]*

NOT REQUIRED

49-95-01

(904) 542-7684

CR2E037 (5/01)