

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000002282**

1. Entity Name

**EMMANUEL CHRISTIAN FELLOWSHIP OF GREEN COVE SPRI
NGS, INC.**

Principal Place of Business

Mailing Address

**3104 NAUTILUS ROAD
MIDDLEBURG FL 32068****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

7. Name and Address of New Registered Agent

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

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 \$61.259. 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 **DP** ☐ Delete
NAME **DANIEL, LONNIE**
STREET ADDRESS **3104 NAUTILUS ROAD**
CITY-ST-ZIP **MIDDLEBURG FL 32068**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DV** ☐ Delete
NAME **BROWN, ANNIE P**
STREET ADDRESS **721 PINE ST**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DS** ☐ Delete
NAME **JACKSON, LINDA**
STREET ADDRESS **2646 MESQUITE BLVD.**
CITY-ST-ZIP **ORANGE PARK FL 32073**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DST** ☐ Delete
NAME **DANIEL, JACQUELINE D**
STREET ADDRESS **1825 LAKE FOREST LANE**
CITY-ST-ZIP **ORANGE PARK FL 32003**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

LONNIE DANIEL
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/02
Date**(904) 278-0750**
Daytime Phone #

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)