

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002352

1. Entity Name

CHURCH FELLOWSHIP WORSHIP MINISTRIES, INC.

Principal Place of Business

9117 LEM TURNER RD
JACKSONVILLE FL 32218

Mailing Address

9117 LEM TURNER RD
JACKSONVILLE FL 32218

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ALLEN, BRUCE
10832 NAPLES COURTS
JACKSONVILLE FL 32218

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

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 PD ☐ Delete
NAME ALLEN, BRUCE
STREET ADDRESS 10832 NAPLES CT SO
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE VSD ☐ Delete
NAME ALLEN, RENITA
STREET ADDRESS 10832 NAPLES CT SO
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE TD ☐ Delete
NAME WASHINGTON, BERNARD
STREET ADDRESS 11742 TORTOISE WAY NO
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

904-924-0000

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90120 019 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3503523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)