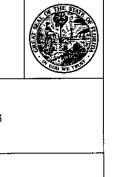
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004701

1. Entity Name

THE CANOPY CHRISTIAN FELLOWSHIP, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90149 038 ****61.25

798-9990

'				iling Address								
3660 VICTORIA DRIVE WEST PALM BEACH FL 33406 US				3660 VICTORIA DRIVE WEST PALM BEACH FL 33406 US								
2. Principal P	Place of Busin	ess	ing Address									
								E E		#(#I) F# ##		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			Ci	City & State			4. FEI Numbe	4. FEI Number 65-0855119			Applied For Not Applicable	
Zip	ip Country			р	Соц	intry	5. Certificate	5. Certificate of Status Desired \$8.75 Additional Section \$8.75 Additional Section \$1.75 Additional Sectio				
	6. Name	and Address of Current	Register	ed Agent			7. Name and	Address of New Reg	jistered Ag	ent		
						Name						
GREEN, LAWRENCE 3660 VICTORIA DRIVE						Street Address (P.O. Box Number is Not Acceptable)						
WEST PALM BEACH FL 33406				City					FL	Zip Cod	Э	
9 The above	named entit	y submits this statement fo	r the pur	nose of changing its	register	ed office or reals	stered agent, or bot	h. in the State of Florid		l miliar with,	and accept	
	tions of regist		n the purp	Jose of chariging to	rogiotor	od dilloo or rogic	5.5.55 ago, 5. 55.					
		·····k-										
SIGNATURE .	Signature Ivoed	or printed name of registered agent	and title if ap	plicable. (NOT	E: Registere	d Agent signature requ	uired when reinstating)		DATE			
	orginataro, typoc	or principal to or registrous against				,						
FILE NOW: FEE JS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May 8 Added to Fees					
10		OFFICERS AND DII	PECTORS	<u> </u>	11.		ADDITIONS/CH	ANGES TO OFFICERS	S AND DIRE	CTORS IN	10	
TITLE:	PD	OFFICENS AND DI	NEC (One	Delete	TITL	E	ADDITIONS/OFF	ANGES TO OFFICER		☐ Change	Addition	
NAME :		AWRENCE		Delete	NAM					_ *	_	
STREET ADDRESS		ORIA DR				ET ADDRESS					1	
CITY-ST-ZIP		LM BEACH FL 33406			CITY	-ST-ZIP						
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NAME *	HARRELL, DIANA 115 14780 HORSESHOË TRACE				NAM	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP		ION FL:33414				-ST-ZIP						
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NAME	1	ALBERT III		Delete	NAM	مستنز المستسب						
STREET ADDRESS		RSESHOE TRACE			STRE	ET ADDRESS						
CITY-ST-ZIP		TON FL 33414			CITY	-ST-ZIP						
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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: