

DOCUMENT # N98000005335

1. Entity Name

FELLOWSHIP OF CHRISTIAN FINANCIAL PLANNERS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

01-21-2000 90114 004 ****61.25

Principal Place of Business Mailing Address
 2250 E 73RD 2250 E 73RD
 SUITE 650 SUITE 650
 TULSA OK 74136 TULSA OK 74136-6883
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <u>73-1562873</u>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		APPLIED FOR		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PARKER, RICHARD 25 FIFTH AVENUE INDIALANTIC FL 32903		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 BOONE DAWKINS
JOHN EDWARD VALDES

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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, JAMES	NAME	
STREET ADDRESS	4411 EAST 72ND PLACE	STREET ADDRESS	
CITY-ST-ZIP	TULSA-OK 74136	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOORST, CARL V.	NAME	
STREET ADDRESS	204 18TH STREET NW	STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY IA 51041	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, RICHARD	NAME	
STREET ADDRESS	25 FIFTH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREAZEALE, JOHN R	NAME	
STREET ADDRESS	913 ZARSKY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX 78412	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTKOSKE, MEL	NAME	
STREET ADDRESS	319 EDMUND AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ROYAL OAK MI 48073	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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

Date

Daytime Phone #

CR2E037 (9/99)