

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006175

1. Entity Name

CHRISTIAN MISSIONARY FELLOWSHIP, INC.

Principal Place of Business

733 ENSENADA DRIVE
ORLANDO FL 32825

Mailing Address

733 ENSENADA DRIVE
ORLANDO FL 32825

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

HUGHES, CHARLES R
733 ENSENADA DRIVE
ORLANDO FL 32825

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CDPS
HUGHES, LAUREL T
733 ENSENADA DRIVE
ORLANDO FL 32825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTVP
HUGHES, CHARLES R
733 ENSENADA DRIVE
ORLANDO FL 32825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
DORENBOS, BERT P
RUITERSWEG 35-37,1211 KT,
HILVERSUM HO ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

1-9-2002

Date

407 2778722

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3541238

Applied For

Not Applicable

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

CR2E037 (9/01)