

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006789

1. Entity Name

BRIGHT WATER CHRISTIAN FELLOWSHIP, INC.

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90011 005 \*\*\*\*61.25

Principal Place of Business

3233 INDIAN TRIAL  
EUSTIS FL 32726

Mailing Address

3233 INDIAN TRIAL  
EUSTIS FL 32726

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3544916

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COCHRAN, CLIFFORD J REV.  
3233 INDIAN TRIAL  
EUSTIS FL 32726

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**  
**After September 13, 2000 min. will be \$236.25**

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  
NAME COCHRAN, CLIFFORD J  
STREET ADDRESS 3233 INDIAN TRIAL  
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE VD  
NAME JERGENS, DALE  
STREET ADDRESS 296 COUNTRY GARDENS DR  
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE TD  
NAME NAFF, BETTY  
STREET ADDRESS 51909 RAILROAD GRADE RD  
CITY-ST-ZIP ALTOONA FL 32702 ☐ Delete

TITLE SD  
NAME COCHRAN, JAMIE L  
STREET ADDRESS 3233 INDIAN TRIAL  
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE D  
NAME KULAZENKA, CAROL  
STREET ADDRESS 35150 WATER'S EDGE DR  
CITY-ST-ZIP FRUITLAND PARK FL 34731 ☐ Delete

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  
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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

Date

Daytime Phone #

Clifford J. Cochran 7/9/00 352-483-3140

CR2E037 (5/00)