

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90145 049 ****61.25

DOCUMENT # **N99000000072**

1. Entity Name
CHRIST BUILDERS
New Life Fellowship

Principal Place of Business Mailing Address
642 East Nelson Ave. Post Office Bx 73
DeFuniak Spgs., FL Defuniak Spgs., FL
32435 32435

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **52-2149375** Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Tonie C. Holmes
285 Vann Avenue
DeFuniak Spgs., FL 32435

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	P/D	<input type="checkbox"/> Delete
NAME	Holmes, Alonzo	
STREET ADDRESS	42 Florence St.	
CITY-ST-ZIP	DeFuniak Spgs., FL 32435	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	Beach, Henry T. Jr.	
STREET ADDRESS	111 West Chaffin Avenue	
CITY-ST-ZIP	DeFuniak Spgs., FL 32435	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	Holmes, Tonie C.	
STREET ADDRESS	285 Vann Avenue	
CITY-ST-ZIP	DeFuniak Spgs., FL 32435	
TITLE	T	<input type="checkbox"/> Delete
NAME	Paul, Katina D.	
STREET ADDRESS	42 Florence Street	
CITY-ST-ZIP	DeFuniak Spgs., FL 32435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Alonzo Holmes** President **June 6, 2000** **(850) 951-2892**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)