2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90110 019 ****70.00

DOCUMENT # N99000000072

1. Entity Name

CHRIST BUILDERS NEW LIFE FELLOWSHIP, INCORPORATE

Principal Place of Business	Mailing Address
642 EAST NELSON AVENUE DEFUNIAK SPRINGS FL 32433	PO BOX 73 DEFUNIAK SPRINGS FL 32435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1045 Hwy 90 East	
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.
City & State: DeFuniak Springs, FL	City & State
Zip: 32433 Country: U.S.	Zip / Country

4. FEI Number: 52-2149375 ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLMES, TONIE C 285 VANN AVENUE DEFUNIAK SPRINGS FL 32433	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOLMES, ALONZO 42 FLORENCE STREET DEFUNIAK SPRINGS FL 32435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BEACH, HENRY T JR 111 WEST CHAFFIN AVENUE DEFUNIAK SPRINGS FL 32435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOLMES, TONIE C 285 VANN AVENUE DEFUNIAK SPRINGS FL 32435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PAUL, KATINA D 42 FLORENCE STREET DEFUNIAK SPRINGS FL 32435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 / Alonzo Holmes, Pres. 4-26-2001 (850) 951-2892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #