

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004318

1. Entity Name

UNITED FAMILY CHRISTIAN FELLOWSHIP MINISTRY, INC

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90349 019 ****61.25

Principal Place of Business

Mailing Address

1027 APALACHEE PARKWAY
TALLAHASSEE FL

P.O. BOX 7345
TALLAHASSEE FL 32314

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

59-3587850

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

YANT, HERMAN
7301 WAGON TRAIL LANE
TALLAHASSEE FL 32310

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 PD ☐ Delete
NAME YANT, HERMAN
STREET ADDRESS 7301 WAGON TRAIL LANE
CITY-ST-ZIP TALLAHASSEE FL 32310

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

TITLE VD ☐ Delete
NAME YANT, CONCHITA
STREET ADDRESS 7301 WAGON TRAIL LANE
CITY-ST-ZIP TALLAHASSEE FL 32310

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

TITLE D ☐ Delete
NAME ALLEN, REGINALD
STREET ADDRESS 1120 WOODBERN LANE
CITY-ST-ZIP TALLAHASSEE FL 32304

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

TITLE SD ☐ Delete
NAME ALLEN, PATRICIA
STREET ADDRESS 1120 WOODBERN LANE
CITY-ST-ZIP TALLAHASSEE FL 32304

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

TITLE D ☒ Delete
NAME BARNES, JOHNNY C
STREET ADDRESS 375 BOB MILLER RD.
CITY-ST-ZIP CRAWFORDVILLE FL 32326

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

TITLE TD ☒ Delete
NAME KITCHEN, IRENE
STREET ADDRESS 707 CROSSWAY RD.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Change ☒ Addition
NAME D. Alfreda Pierce
STREET ADDRESS 224 ROSS RD. APT. 7B
CITY-ST-ZIP Tallahassee, Fla. 32310

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:

Herman M. Yant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)