

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90142 013 \*\*\*\*61.25

DOCUMENT # N99000006593

1. Entity Name

FELLOWSHIP FOR INTERNATIONAL REVIVAL AND EVANGEL



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8594 HIGHWAY 98 WEST  
 PENSACOLA FL 32506

8594 HIGHWAY 98 WEST  
 PENSACOLA FL 32506-8913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3613715

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

7. Name and Address of New Registered Agent

BURTON, BILLY C  
 8594 HIGHWAY 98 WEST  
 PENSACOLA FL 32506

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 *Billy C Burton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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	T	<input type="checkbox"/> Delete
NAME	BROWN, MICHAEL L	
STREET ADDRESS	12461 RED CLOUD DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32570	
TITLE	T	<input type="checkbox"/> Delete
NAME	PHILLIPS, BOB	
STREET ADDRESS	2070 DOWNING DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CAVA, JOHN	
STREET ADDRESS	32246 BARTEL STREET	
CITY-ST-ZIP	ELBERTA AL 32530	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BURTON, BILLY C	
STREET ADDRESS	4674 PETRA CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	TT	<input type="checkbox"/> Delete
NAME	PETERS, WILLIAM E	
STREET ADDRESS	823 LAVON DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE		<input type="checkbox"/> Delete
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		
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: *Billy C Burton* **REQUIRED**

1-11-2000

850-458-6787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)