

000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006598

Entity Name

NEW GENERATION CHRISTIAN FELLOWSHIP, INC.

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90107 022 ****70.00

Principal Place of Business

Mailing Address

1424 FRANKLIN ST.
JACKSONVILLE FL 32206

P.O. BOX 43613
JACKSONVILLE FL 32203-3613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1424 FRANKLIN ST

P.O. Box 43613

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

4. FEI Number

59-3605590

☒ Applied For

☐ Not Applicable

Zip

Country

32206

Duval

Zip

Country

32203-3613

Duval

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

DRAYTON, SIRDELROL V
2414 LANTANA AVE.
JACKSONVILLE FL 32209

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 PT ☐ Delete
NAME DRAYTON, SIRDELROL V
STREET ADDRESS 2414 LANTANA AVE.
CITY-ST-ZIP JACKSONVILLE FL 32209

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

TITLE VST ☐ Delete
NAME DRAYTON, ELVETA E
STREET ADDRESS 2414 LANTANA AVE.
CITY-ST-ZIP JACKSONVILLE FL 32209

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

TITLE TT ☐ Delete
NAME HAGGARY, SYNETTA G
STREET ADDRESS 5728 VERNON RD.
CITY-ST-ZIP JACKSONVILLE FL 32209

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: Synetta G. Haggary 6-20-00 (904) 7682112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)