

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006598

1. Entity Name

NEW GENERATION CHRISTIAN FELLOWSHIP, INC.

FILED
Sep 19, 2002 8:00 am
Secretary of State

03-28-2002 90170 020 ****61.25

Principal Place of Business

1424 FRANKLIN ST.
 JACKSONVILLE FL 32206

Mailing Address

P.O. BOX 43613
 JACKSONVILLE FL 32203-3613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRAYTON, SIRDELROL V
 2414 LANTANA AVE.
 JACKSONVILLE FL 32209

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sirdelrol*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DRAYTON, SIRDELROL V 2414 LANTANA AVE. JACKSONVILLE FL 32209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DRAYTON, ELVETA E 2414 LANTANA AVE. JACKSONVILLE FL 32209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT HAGGARY, SYNETTA G 5728 VERNON RD. JACKSONVILLE FL 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DRAYTON, SIRDELROL V 4751 Fireside CT. JAX, FL. 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DRAYTON, Elveta E 4751 Fireside CT. JAX, FL. 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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*

9/13/02 (904) 910614

Attachment

N99000006598

U. S. Postal Service ROUTING SLIP		Office or Room No. 99712	<input type="checkbox"/> Approval <input type="checkbox"/> Signature <input type="checkbox"/> Comment <input type="checkbox"/> See Me <input checked="" type="checkbox"/> As Requested <input type="checkbox"/> Information <input type="checkbox"/> Read and Return <input type="checkbox"/> Read and File <input type="checkbox"/> Necessary Action <input type="checkbox"/> Investigate <input type="checkbox"/> Recommendation <input type="checkbox"/> Prepare Reply <input type="checkbox"/>
To:	1 Florida Dept. of State		
	2 DIVISION OF CORPORATIONS		
	3 P.O. B 6327		
	4 Tallahassee, Florida 32314		
	5		
From:	New Generation CHRISTIAN FELLOWSHIP, INC POB 43613	Phone No. (904) 768-2112 Room 404 910-6111	
Date:			
Remarks:	<p>TAX, FL 32203-3613 9/12/02 Re: Doc # N99000006598 This letter is to inform you that we have paid our fee of \$61.25 on 3/12/02; Check # 0485. We were NOT aware until our phone conversation today that you were looking for FEI Number, in which we have NOT applied for. We Regret any inconvenience we may have caused. Sincerely, Synetta L. Haggard 45228 Vernon Rd TAX, FL 32209-2217</p>		

ITEM 0-13, April 1998

(Additional Remarks on Reverse)