

NOT FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) AMENDED

FILED

03 NOV 17 PM 3:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 241434

1. Entity Name **FAITH HEALING REVIVAL CENTER INC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7270 NE 138 TERRACE
 Suite, Apt. #, etc.

3. Mailing Address
7270 NE 138 TERRACE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Williston FLA
 Zip
32696

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Williston, FL
 Zip
32696

4. FEI Number
59-1855 977
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **THERESA V. CARPENTER**
 Street Address (P.O. Box Number is Not Acceptable)
7270 NE 138 TERRACE

City **Williston, FL** Zip Code **32696**

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.

I AM ALREADY REGISTERED AGENT FOR 25 YRS.

SIGNATURE **Theresa V. Carpenter**

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

(NOTE: Registered Agent signature required when reinstating)

01/3/03
 DATE

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THERESA V. CARPENTER 7270 NE 138 TERRACE Williston FL 32696
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DENNIS EARL GROOMS PO BOX 412 SYDNEY, FLA 33587
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC THERESA LA-RAY GROOMS PO BOX 412 SYDNEY, FLA 33587
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T EDNA A. RUSH 401 NW 98 TERRACE GAINESVILLE, FL 32691
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	400024762384 11/17/03--01097--007 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	400024762384 11/17/03--01097--008 **\$8.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Theresa V. Carpenter**
THERESA V. CARPENTER

Nov 3-003 352-528-2455

CR2E037B (12/02)

FROM * THE * DESK * OF *

FAITH HEALING REVIVAL CENTER INC.

7270 NE 138 TERRACE
WILLISTON, FLORIDA 32696
PHONE (352-528-2455)

Nov 3, 003

Florida Department of State
Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Ref Number 741434

Secretary of State Glenda E. Hood:

I just wrote in for change of Board Members.
Here is the \$61.25 fee. Please let me know
if I have to pay this amount again
in April of 2004.

Thank you sincerely,

Theress V. Carpenter, resident agent