

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741434

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 PM 2:08

Principal Place of Business Mailing Address  
**2510 SHELL POINT RD  
RUSKIN FL 33570**

2. Principal Place of Business 3. Mailing Address  
**2510 SHELL-POINT RD PO BOX 1422 RUSKIN FL  
Suite, Apt. #, etc. Suite, Apt. #, etc. 33570**

DO NOT WRITE IN THIS SPACE

City & State City & State  
**RUSKIN FL RUSKIN FL**  
Zip Country Zip Country  
**33570 Hillsborough 33570 Hillsborough**

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

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

6. Name and Address of Current Registered Agent  
**THERESA V. CARPENTER  
2510 SHELL-POINT RD.  
RUSKIN FL 33570**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>PRESIDENT</b> STREET ADDRESS <b>THERESA V. CARPENTER</b> CITY-ST-ZIP <b>2510 SHELL-POINT RD RUSKIN FL 33570</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>VICE PRESIDENT</b> STREET ADDRESS <b>JULIAN CARPENTER</b> CITY-ST-ZIP <b>2510 SHELL POINT RD RUSKIN FL 33570</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SECRETARY</b> STREET ADDRESS <b>THERESA LA-RAY PASS</b> CITY-ST-ZIP <b>2510 SHELL-POINT RD BRANDON FL 33510</b>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<b>700003251157--1 -05/12/00--0111--011 *****61.25 *****61.25</b>
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	
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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: **THERESA V. CARPENTER** 4 - 2000 813 645-0504

CR2E037 (9/99)

AD