

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90024 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 741434**  
**1. Entity Name**  
**FAITH HEALING REVIVAL CENTER INC.**

<b>Principal Place of Business</b> 5010 12TH AVE. S TAMPA FL 33619 US	<b>Mailing Address</b> PO BOX 1422 RUSKIN FL 33570 US
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<b>2. Principal Place of Business</b> 5010 S. 12th ave Suite, Apt. #, etc.	<b>3. Mailing Address</b> 5010 S. 12th ave Suite, Apt. #, etc.
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<b>City &amp; State</b> Tampa FL	<b>City &amp; State</b> TAMPA FL
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<b>4. FEI Number</b> 59-1855977	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>Zip</b> 33619	<b>Country</b> Hillsborough	<b>Zip</b> 33619	<b>Country</b> Hillsborough
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**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CARPENTER, THERESA V  
 2510 SHELL POINT RD  
 RUSKIN FL 33570  
 5010 S. 12 ave  
 Tampa FL 33619

**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**  **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PD <input type="checkbox"/> Delete	<b>NAME</b> CARPENTER, THERESA V. <b>STREET ADDRESS</b> 2510 SHELL POINT RD <b>CITY-ST-ZIP</b> RUSKIN FL 33570
<b>TITLE</b> VD <input type="checkbox"/> Delete	<b>NAME</b> CARPENTER, JULIAN <b>STREET ADDRESS</b> 2510 SHELL POINT RD <b>CITY-ST-ZIP</b> RUSKIN FL 33570
<b>TITLE</b> SD <input type="checkbox"/> Delete	<b>NAME</b> LA RAY PASS, THERESA <b>STREET ADDRESS</b> 2510 SHELL POINT RD <b>CITY-ST-ZIP</b> RUSKIN FL 33570
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>

**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 **1-3-2001** **813-241-8899**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

