

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91350 001 \*\*\*\*61.25

**DOCUMENT # 741434**

1. Entity Name

**FAITH HEALING REVIVAL CENTER INC.** ✓

Principal Place of Business

Mailing Address

~~5010 S 12TH AVE  
TAMPA FL 33619  
US~~

~~5010 S 12TH AVE  
TAMPA FL 33619  
US~~

**39858**

2. Principal Place of Business

3. Mailing Address

**7270 NE 138 TERRACE**  
Suite, Apt. #, etc.

**SAME**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

**WILMINGTON**

4. FEI Number

**59-1855977**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32696**

**LEVY**

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

**CARPENTER, THERESA V**  
**5010 S 12TH AVE**  
**TAMPA FL 33619**

Name **THERESA V. CARPENTER**

Street Address (P.O. Box Number is Not Acceptable)

**7270 NE 138 TERRACE**

City

**WILMINGTON**

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.

SIGNATURE **THERESA V. CARPENTER** *Theresa V. Carpenter* **7-25-2002**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARPENTER, THERESA V.	
STREET ADDRESS	5010 S 12TH AVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARPENTER, JULIAN	
STREET ADDRESS	5010 S 12TH AVE	
CITY-ST-ZIP	TAMPA FL 33619	<b>REMOVE</b>
TITLE	SD	<input type="checkbox"/> Delete
NAME	LA-RAY PASS, THERESA	
STREET ADDRESS	1229 VINETREE DR	
CITY-ST-ZIP	BRANDON FL 33510	<b>REMOVE</b>
TITLE		<input type="checkbox"/> Delete
NAME	<b>EDNA A. RUSH</b>	
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		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EDNA A RUSH</b>	
STREET ADDRESS	<b>7997 N.E. 120 AVE</b>	
CITY-ST-ZIP	<b>BRONSON, FL 32621</b>	
TITLE	Sec	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LACRONICA D. GATSON</b>	
STREET ADDRESS	<b>25032 NW 4th St</b>	
CITY-ST-ZIP	<b>NEW BERRY, FL 32669</b>	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANDREW M. GATSON</b>	
STREET ADDRESS	<b>25032 N.W. 4th St</b>	
CITY-ST-ZIP	<b>NEW BERRY, FL 32669</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		

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* **7-25-2002 / 352-598-2455**

CR2E037 (4/02)