

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90233 001 \*\*\*\*\*8.75  
01-23-2003 90233 002 \*\*\*\*\*61.25

**DOCUMENT # 741434**

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



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DO  
AGAIN

Principal Place of Business  
**7270 NE 138 TERR  
WILLISTON FL 32696  
US**

Mailing Address  
**7270 NE 138 TERR  
WILLISTON FL 32696  
US**

2. Principal Place of Business  
**7270 NE 138 TERR**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Williston FLA**

City & State

Zip  
**32696**

Country  
**LEVY**

4. FEI Number **59-1855977**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CARPENTER, THERESA V  
7270 NE 138 TERR  
WILLISTON FL 32696**

7. Name and Address of New Registered Agent  
Name **SAME**  
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 *Theresa V. Carpenter*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**I HAVE ALREADY PAID**  
**FILE NOW: FEE IS \$61.25**  
**\$61.25 CB#285 May-002**

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	PD	<input type="checkbox"/> Delete
NAME	CARPENTER, THERESA V.	
STREET ADDRESS	7270 NE 138 Terr	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUSH, EDNA A	
STREET ADDRESS	401 NW 98 Terr	
CITY-ST-ZIP	GAINSVILLE FL 32606	
TITLE	T	<input type="checkbox"/> Delete
NAME	GATSON, LACRONICA D	
STREET ADDRESS	10260-58 Lane	
CITY-ST-ZIP	BRONSON FL 32609	
TITLE	T	<input type="checkbox"/> Delete
NAME	GATSON, ANDREW M	
STREET ADDRESS	10260-58 Lane	
CITY-ST-ZIP	BRONSON FL 32609	
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		
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		
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **JAN 23, 2003**  
Daytime Phone # **352-528-2455**

CR2E037 (10/02)



FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

January 14, 2003

FAITH HEALING REVIVAL CENTER INC.  
7270 NE 138 TERRACE  
WILLISTON, FL 32696 US

Subject: FAITH HEALING REVIVAL CENTER INC.

Reference Number: 741434

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or ("T") beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sm

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314