

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 761546**

1. Entity Name

**FAITH TEACHING CENTERS OF FLORIDA, INC.**

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90036 043 \*\*\*\*61.25

Principal Place of Business <b>3940 NORTH HIGHWAY 441 OCALA FL 32670</b>	Mailing Address <b>3940 NORTH HIGHWAY 441 OCALA FL 32670</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2969432</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**6. Name and Address of Current Registered Agent**

**MUSLEH, E. G., P.A.**  
**415 N.W. FIRST AVENUE**  
**OCALA FL 32670**

**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)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDONALD, DAN, REV.	
STREET ADDRESS	4809 NE 97TH ROAD	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCDONALD, MARY	
STREET ADDRESS	4809 NE 97TH STREET ROAD	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLASS, DON	
STREET ADDRESS	4809 NE 97 STREET ROAD	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKMON, KATHY D.	
STREET ADDRESS	4380 NE 25TH AVENUE	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLASS, DANNA J.	
STREET ADDRESS	3940 N. 441	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLASS, MARLENE M.	
STREET ADDRESS	13870 NE 47TH AVENUE	
CITY-ST-ZIP	SPARR FL 32192	

**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	
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:** *Dan McDonald* **4-3-00** **3526294610**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)