2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
01-29-2001 90162 037 ****61.25

DOCUMENT # N00000003720

1. Entity Name

FAITH BIBLE CHURCH INC.

Principal Place of Business	Mailing Address
FIVE CHURCHES ROAD SANDERSON FL 32087	PO BOX 104 SANDERSON FL 32087

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 59-3640359 ☐ Applied For ☐ Not Applicable

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
WILLIAMS, VIDELL RT 1 BOX 44 SANDERSON FL 32087	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRANCH, ROBERT J JR RT 2 BOX 2048 SANDERSON FL 32087	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, ROSA ANNETTE 241 MICHIGAN AVE. MACCLENNY, FL 32063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEFFERSON, PHILLIP GASKINS CIRCLE SANDERSON FL 32087	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, VERNA 524 SOUTH BLVD. MACCLENNY, FL 32063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, VIDELL RT 1 BOX 44 SANDERSON FL 32087	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, MARVA J. GASKINS CIRCLE SANDERSON, FL 32087	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 another like empowered. Videll Williams Director

SIGNATURE: Marva J. Williams MARVA J. WILLIAMS CHURCH ADMINISTRATOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-29-01 Daytime Phone #904-326-3720