

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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90153 020 \*\*\*\*70.00

**DOCUMENT # N00000003720**

1. Entity Name  
**FAITH BIBLE CHURCH INC.**



Principal Place of Business

**FIVE CHURCHES ROAD  
SANDERSON FL 32087**

Mailing Address

**PO BOX 104  
SANDERSON FL 32087**

**22000980**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**WILLIAMS, VIDELL  
RT 1 BOX 44  
SANDERSON FL 32087**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**14203 Gaskins Circle  
SanderSON 32087**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BRANCH, ROBERT J JR**  
STREET ADDRESS **RT 2 BOX 2048**  
CITY-ST-ZIP **SANDERSON FL 32087**

TITLE **D** ☐ Delete  
NAME **JEFFERSON, PHILLIP**  
STREET ADDRESS **GASKINS CIRCLE**  
CITY-ST-ZIP **SANDERSON FL 32087**

TITLE **D** ☐ Delete  
NAME **WILLIAMS, VIDELL**  
STREET ADDRESS **RT 1 BOX 44**  
CITY-ST-ZIP **SANDERSON FL 32087**

TITLE **D** ☐ Delete  
NAME **WILLIAMS, ROSA ANNETTE**  
STREET ADDRESS **241 MICHIGAN AVE**  
CITY-ST-ZIP **MACCLENNY FL 32063**

TITLE **D** ☒ Delete  
NAME **WILLIAMS, VERNA**  
STREET ADDRESS **524 SOUTH BLVD**  
CITY-ST-ZIP **MACCLENNY FL 32063**

TITLE **D** ☐ Delete  
NAME **WILLIAMS, MARVA J**  
STREET ADDRESS **GASKINS CIRCLE**  
CITY-ST-ZIP **SANDERSON FL 32087**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **William Green Jr.**  
STREET ADDRESS **9386 Bernie Greens Ct.**  
CITY-ST-ZIP **SanderSON, FL 32087**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **14203 Gaskins Cir.**  
STREET ADDRESS **SanderSON, FL 32087**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **14203 Gaskins Cir.**  
STREET ADDRESS **SanderSON, FL 32087**  
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: **MARVA J WILLIAMS** **1-27-03** **904-225-2720**

CR2E037 (10/02)