

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 02, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000003815**

1. Entity Name  
**FAITHFUL STEWARDS MINISTRIES, INC.**

Principal Place of Business  
 4449 COUNTY ROAD 508  
 WILDWOOD FL 34785

Mailing Address  
 4449 COUNTY ROAD 508  
 WILDWOOD FL 34785

2. Principal Place of Business  
 4449 COUNTY ROAD 508

3. Mailing Address  
 4449 COUNTY ROAD 508

Suite, Apt. #, etc.  
 SUITE A

Suite, Apt. #, etc.  
 SUITE A

City & State  
 WILDWOOD FL

City & State  
 WILDWOOD FL

Zip  
 34785

Country

Zip  
 34785

Country

4. FEI Number  
**65-1016625**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

**7. Name and Address of New Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134 US

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 **09/02/2001**  
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 SD  Delete  
 NAME LITCHFIELD JENIFER R  
 STREET ADDRESS 4449 COUNTY ROAD 508  
 CITY-ST-ZIP WILDWOOD FL 34785

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME LITCHFIELD BEATRICE  
 STREET ADDRESS 4449 COUNTY ROAD 508  
 CITY-ST-ZIP WILDWOOD FL 34785

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PD  Delete  
 NAME MOORE DAVID R  
 STREET ADDRESS 4449 COUNTY ROAD 508  
 CITY-ST-ZIP WILDWOOD FL 34785

TITLE PD  Change  Addition  
 NAME MOORE DAVID R  
 STREET ADDRESS 4449 COUNTY ROAD 508 SUITE A  
 CITY-ST-ZIP WILDWOOD FL 34785

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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)(f), 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: David R. Moore PD 09/02/2001**

CR2E037 (11/00)