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

DOCUMENT # N01000004905

1. Entity Name

FAITHFUL & TRUE MINISTRIES, INC.



FILED Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90019 016 ****61.25

Principal Place of Business	Mailing Address					
1171 W MAGNOLIA AVE CLERMONT FL 34711	PO B O X 398 GROVELAND FL 34736					
VECTOR I E STILL	ONOVECAND PE 34/30			7000	10935	
O Disciplination					1711 1411 1411 1411 1411 1411 	
2. Principal Place of Business 27295.R.50	3 Mailing Address P.O. BOX 398					
Suite, Apt. #, etc.	Suite, Apt. #, etc.				•	
Colo, 140. H, Clo.	Suite, Apt. #, etc.		ļ	CHECK HERE I	F MAKING CHANGES	3
City & State	/ City & State	1.	4. FEI Numb	er 59-3732551		Applied For
masscotte Fl	GROVE /ANN	<i>F</i> 1		39 3732331		lot Applicable
34753 Lake	7(17)7 C	Country	5. Certificate	of Status Desired	□ \$8.75 Ac	
6. Name and Address of Curre	T Paristared Agent	U.5			Fee Requir	ed
t. Name and Address of Curre	in negistered Agent	Name	7. Name and	Address of New Re	egistered Agent	
JORDAN, EDWARD P II	يوار والموارد الراسويون				<u></u>	
13543 E HWY 50		Street /	Address (P.O. Box Number	er is Not Acceptable)) -	
CLERMONT FL 34711			***			"
		City	*			-1-
		1			FL Zip Co	
8. The above named entity submits this statement	t for the purpose of changing its	registered office of	or registered agent, or bot	th, in the State of Flor	rida. I am familiar with	, and accept
the obligations of registered agent.						
					DATE	
SIGNATURE SIgnature, typed or printed name of registered age	ent and title if applicable. (NOTI	E: Registered Agent signa	sture required when reinstating)		OAI E	
	ent and title if applicable. (NOTI	E: Registered Agent signa	ture required when reinstating)			
Signature, typed or printed name of registered ago	9. Election Car	mpaign Financing	\$5.00 May B		ke Check Payable	
Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25		mpaign Financing				
Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25	9. Election Car Trust Fund C	mpaign Financing Contribution.	\$5.00 May B Added to Fees	Florida	te Check Payable a Department of	State
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12 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: