

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90787 003 \*\*\*\*61.25

UBR3070

**DOCUMENT # N10516**

1. Entity Name

**FAITH BIBLE BAPTIST CHURCH INC.**

Principal Place of Business

Mailing Address

PO BOX 678  
 P.O. BOX 678  
 CENTURY FL 32535

PO BOX 678  
 P.O. BOX 678  
 CENTURY FL 32535

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**63-6104252**

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

**STOKES, GENE**  
**6840 BRATT ROAD**  
**(PO BOX 678)**  
**CENTURY FL 32535**

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

*Gene Stokes* **GENE STOKES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-14-02**

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	YOUNG, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	RT.4 BOX 333	
CITY-ST-ZIP	ATMORE AL	
TITLE NAME	WILLETT, WILLIAM E JR.	<input type="checkbox"/> Delete
STREET ADDRESS	31 W. COTTAGE	
CITY-ST-ZIP	CENTURY FL	
TITLE NAME	THOMPSON, CLIFF	<input type="checkbox"/> Delete
STREET ADDRESS	760 BRIGGS BLVD	
CITY-ST-ZIP	CENTURY FL	
TITLE NAME	THOMPSON, COLLIN	<input type="checkbox"/> Delete
STREET ADDRESS	206 CHURCH STREET	
CITY-ST-ZIP	FLOMATON AL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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:

*Gene Stokes* **GENE STOKES** **4-14-02** **368-8924**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E087 (9/01)