


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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90199 002 ****61.25

1175002

DOCUMENT # N10516
1. Entity Name
FAITH BIBLE BAPTIST CHURCH INC.



Principal Place of Business Mailing Address
PO BOX 678 PO BOX 678
P.O. BOX 678 P.O. BOX 678
CENTURY FL 32535 CENTURY FL 32535

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 **63-6104252** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
STOKES, GENE
6840 BRATT ROAD
(PO BOX 678)
CENTURY FL 32535

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *Gene Stokes* DATE: **4/6/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Gene Stokes* **4-06-03 251-296-2411**

CR2E037 (10/02)