

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-02-2001 90017 044 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11112

1. Entity Name

FAITH HARBOR, INC.

Principal Place of Business

838 WANETA AVENUE
LAKELAND FL 33815
US

Mailing Address

P.O. BOX 974
LAKELAND FL 33802
US

2. Principal Place of Business

838 Waneta Avenue

3. Mailing Address

P.O. Box 974

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lakeland, Florida 33815

City & State

Lakeland, Florida

4. FEI Number

59-3043224

Applied For

Not Applicable

Zip

33815

Country

USA

Zip

33802

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOULLY, BONNIE
4404 LAKELAND HIGHLANDS RD
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name PETER H. WHOLUBA

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

5545 Driftwood Drive

City Lakeland,

FL

33809

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.

Peter Wholuba, President

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

Peter H. Wholuba 2/25/01

DATE

**FILE NOW:
FEES 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOULLY, BONNIE	
STREET ADDRESS	4404 LAKELAND HGLDS RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ZDANOWICZ, WILLIAM	
STREET ADDRESS	615 MABEL AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ESTRIDGE, SHARON D	
STREET ADDRESS	707 MABEL AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter H Wholuba	
STREET ADDRESS	5545 Driftwood Drive	
CITY-ST-ZIP	Lakeland, Florida 33811	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonnie Bouly	
STREET ADDRESS	4404 Lakeland Highlands Rd	
CITY-ST-ZIP	Lakeland, Florida 33813	
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		

CR2E037 (10/00)

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: Bonnie Bouly- Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie Bouly 863-286-3847

Date

Daytime Phone #