

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90941 038 ****61.25

DOCUMENT # N11112

1. Entity Name
FAITH HARBOR, INC.

Principal Place of Business

Mailing Address

838 WANETA AVENUE
 LAKELAND FL 33815
 US

P.O. BOX 974
 LAKELAND FL 33802
 US

2. Principal Place of Business

3. Mailing Address

838 Waneta Avenue

box 974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKELAND, FLORIDA

City & State
Lakeland, Florida

4. FEI Number

59-3043224

Applied For
 Not Applicable



DO NOT WRITE IN THIS SPACE

Country
USA

Country
USA

Zip
33802

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHOLUBA, PETER H
5545 DRIFTWOOD DRIVE
LAKELAND FL 33811

Name **ANDREA R. BENTLEY**
 Street Address (P.O. Box Number is Not Acceptable)
7118 HILEMAN DR. WEST
LAKELAND FLORIDA 33812
 City **LAKELAND, FL** Zip Code **33812**

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 *Pastor Andrea R. Bentley* DATE *January 24, 2002*
 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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME BOULLY, BONNIE	
STREET ADDRESS 4404 LAKELAND HIGHLANDS RD	
CITY-ST-ZIP LAKELAND FL 33813	
TITLE SDT	<input checked="" type="checkbox"/> Delete
NAME ESTRIDGE, SHARON D	
STREET ADDRESS 707 MABEL AVE	
CITY-ST-ZIP LAKELAND FL	
TITLE PT	<input checked="" type="checkbox"/> Delete
NAME WHOLUBA, PETER H	
STREET ADDRESS 5545 DRIFTWOOD DR	
CITY-ST-ZIP LAKELAND FL 33811	
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 Andrea R. Bentley	
STREET ADDRESS 838 Waneta Avenue	
CITY-ST-ZIP Lakeland, Florida 33810	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Johnny L. Bentley	
STREET ADDRESS 7118 Hileman Dr. West	
CITY-ST-ZIP Lakeland, Florida 33810	
TITLE Secretary & Treasurer	<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 T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Jantina Robinson	
STREET ADDRESS 1820 W. Bella Vista	
CITY-ST-ZIP Lakeland Fla 33805	
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: *Kasimatu Anwar* *Bentley* 1/24/02 863-686-3847
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (President) Date Daytime Phone #

CR2E037 (9/01)