

# 2000 UNIFORM BUSINESS REPORT (UBR)

0097699

DOCUMENT # N96000000602

1. Entity Name

FAITH CHRISTIAN CHURCH OF MANATEE COUNTY, INC.

*M.F. [Signature]*  
**FILED**

00 MAR 23 PM 4:24

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1021 CARLTON ARMS BLVD  
 BRADENTON FL 34208  
 US

FAITH CHRISTIAN CHURCH  
 1021 CARLTON ARMS BLVD  
 BRADENTON FL 34202-9289  
 US

2. Principal Place of Business

3. Mailing Address

5215 LORRAIN Road  
 Suite, Apt. #, etc.  
 BRADENTON  
 City & State  
 Florida

FAITH CHRISTIAN CHURCH  
 Suite, Apt. #, etc.  
 5215 LORRAIN Rd  
 City & State  
 BRADENTON



DO NOT WRITE IN THIS SPACE

Zip 34202 Country USA  
 Manatee

Zip 34202 Country USA  
 Manatee

4. FEI Number 65-0634874  
 Applied For Not Applicable

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

SMITH, GARY H  
 4586 DOVER ST., CIRCLE E.  
 BRADENTON FL 34203

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

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

(NOTE: Registered Agent signature required when reinstating)

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     | TD HENSCHEN, EV              | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 13718 UPPER MANATEE RIVER RD |  |
| CITY-ST-ZIP    | BRADENTON FL 34202           |  |
| TITLE NAME     | TD GARRETT, ROBERT           | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 6016 FERDELL ST.             |  |
| CITY-ST-ZIP    | BRADENTON FL 34203           |  |
| TITLE NAME     | TD MCBRIDE, MICHAEL          | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 5441 VANDERPIPE RD           |  |
| CITY-ST-ZIP    | SARASOTA FL 34241            |  |
| TITLE NAME     |                              | <input type="checkbox"/> Delete            |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE NAME     |                              | <input type="checkbox"/> Delete            |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE NAME     | TD WARMUS, WILLIAM       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 12006 POPASH GLEN        |  |
| CITY-ST-ZIP    | BRADENTON FL 34202       |  |
| TITLE NAME     | TD SMITH, GARY H.        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 4586 DOVER ST. CIRCLE E. |  |
| CITY-ST-ZIP    | BRADENTON FL 34203       |  |
| 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    |                          |  |

600003204056  
 -04/11/00-01103-009  
 \*\*\*\*\*61.25 \*\*\*\*\*61.25

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 *[Signature]* *[Signature]* 2-28-00

CR2EC37 (9/95)