NOT-FOR-PROFIT CORPORATION

FILED May 27, 2002 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 05-27-2002 90425 017 ****61.25 N96000000602 1. Entity Name Faith Christian Church of Manatee County, Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 5215 Lorraine Rd. 5215 Lorraine Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Bradenton FL Bradenton FL <u>650634874</u> Not Applicable Zip 34211 Country ^{Zip} 34211 \$8.75 Additional USA 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent <u>William Warmus</u> DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 5215 Lorraine Rd. IN THIS SPACE City Zig &99°f 1 Bradenton 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. William Warmus SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Initial or Amended UBR Added to Fees Department of State 10. OFFICERS AND DIRECTORS Director TITLE David Sturgill NAME NAME STREET ADDRESS 13708 18th Place E. STREET ADDRESS CITY-ST-ZIP Bradenton FL 34212 CITY-ST-ZIP Director TITLE TITLE Michael McBride NAME NAME STREET ADDRESS 6124 Olive Ave. STREET ADDRESS CITY-ST-ZIP <u>Sarasota FL 34231</u> CITY-ST-ZIP Director TITLE ---TITLE William F. Warmus NAME NAME STREET ADDRESS 12006 Popash Glen STREET ADDRESS DO NOT WRITE CITY - ST - ZIP Bradenton FL 34202 CITY - ST-7/P TITLE Director TITLE IN THIS SPACE NAME Joseph Hutchins STREET ADDRESS STREET ADDRESS 6512 Lorraine Rd CITY - ST - ZIP Bradenton FL CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Williams SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

941-746-5711

Daytime Phone ₹