

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90175 022 \*\*\*\*61.25

**DOCUMENT # N96000000602**



1. Entity Name  
**FAITH CHRISTIAN CHURCH OF MANATEE COUNTY, INC.**

Principal Place of Business

**5215 LORRAINE ROAD  
BRADENTON FL 34211  
US**

Mailing Address

**5215 LORRAINE ROAD  
BRADENTON FL 34211  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

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**

**WARMUS, WILLIAM  
5215 LORRAINE RD.  
BRADENTON FL 34211**

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 \_\_\_\_\_

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STURGILL, DAVID</b>	
STREET ADDRESS	<b>13708 18TH PL. E</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34212</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WARMUS, WILLIAM</b>	
STREET ADDRESS	<b>12006 POPASH GLEN</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34202</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCBRIDE, MICHAEL</b>	
STREET ADDRESS	<b>6124 OLIVE AVE.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HUTCHINS, JOSEPH</b>	
STREET ADDRESS	<b>6512 LORRAINE RD</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34211</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hawkins, Emery</b>	
STREET ADDRESS	<b>2916 69th St E</b>	
CITY-ST-ZIP	<b>Bradenton FL 34208</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Peubody, Charles</b>	
STREET ADDRESS	<b>6139 9th Ave Cir NE</b>	
CITY-ST-ZIP	<b>Bradenton FL 34212</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Zickafoose, Dick</b>	
STREET ADDRESS	<b>3308 46th Terr. E</b>	
CITY-ST-ZIP	<b>Bradenton FL 34203</b>	
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 I'm empowered.

SIGNATURE: \_\_\_\_\_

*SPAWN, G. J. [Signature]* Chairman of Elders 4/18/03 941-746-5711

CR2E037 (10/02)