

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03292

1. Entity Name

FAITH FELLOWSHIP MINISTRIES, INC.

Principal Place of Business

9116 CYPRESS GREEN DR
STE 101
JACKSONVILLE FL 32256

Mailing Address

9116 CYPRESS GREEN DR
STE 101
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1484041

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

ROSAS, DRUCILLA G
4915 NATURE'S HOLLOW WAY NORTH
JACKSONVILLE FL 32217

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 PD
NAME ROSAS, DRUCILLA G
STREET ADDRESS 4915 NATURE'S HOLLOW WAY NORTH
CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME ROBBINS, PAULA
STREET ADDRESS 2111 BIRCH BARK DR.
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME RAGSDALE, CAROL
STREET ADDRESS 157 BURNSIDE ST APT A
CITY-ST-ZIP JONESBORO GA 30236 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WILTON C. SANDERS, ATTY.
STREET ADDRESS 6100 LAKE FORREST DRIVE N.W.
CITY-ST-ZIP ATLANTA GA 30328 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Drucilla G. Rosas* President; Drucilla G. Rosas 4-27-01
(904) 737-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91134 013 *****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)