

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90573 011 ****70.00

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 **Drucilla L. Graham** (last name change)
 Street Address (P.O. Box Number is Not Acceptable) **4915 Nature's Hollow Way North**
 City **Jacksonville** FL Zip Code **32217**

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

Drucilla L. Graham

(note: only last name change - same person)

4/23/02

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

TITLE / NAME **PD Graham, Drucilla L.** ☒ Change ☐ Addition
 STREET ADDRESS **4915 Nature's Hollow Way, N.** (last name change only)
 CITY-ST-ZIP **Jacksonville, FL 32217**

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

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

TITLE / NAME **STD RAGSDALE, CAROL** ☐ Delete
 STREET ADDRESS **157 BURNSIDE ST APT A**
 CITY-ST-ZIP **JONESBORO GA 30238**

TITLE / NAME **STD** ☐ Change ☐ Addition
 STREET ADDRESS **RAGSDALE, CAROL**
 CITY-ST-ZIP **157 BURNSIDE ST APT A JONESBORO GA 30238**

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

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

TITLE / NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE / NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE / NAME ☐ Change ☐ Addition
 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 L. Graham
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Drucilla L. Graham (904) 737-1888
 President 4/23/02

Date

Daytime Phone #

CR2E037 (9/01)