1/21

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2001 8:00 am
Secretary of State
01-26-2001 90112 020 ****61.25

DOCUMENT # 733167

1. Entity Name

FAITH PRAYER CENTER, INC.

Principal Place of Business	Mailing Address
1282 CAPITAL BLVD PENSACOLA FL 32505	1281 CAPITOL BLVD. PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same above	Same above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number APPLIED FOR ☑ 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
BERTRAND, FRANCES C 1281 CAPITAL BLVD PENSACOLA FL 32505	Name Same 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / STREET ADDRESS / CITY-ST-ZIP	V GRIFFIN, MARY 1285 CAPITOL BLVD PENSACOLA FL 32505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRAY, RUBY 1283A CAPITAL BLVD. PENSACOLA FL 32505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, RANDY 1285 CAPITAL BLVD. PENSACOLA FL 32505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVISON, LINDA 1202 ALCANIZE ST. PENSACOLA FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICKSON, CONNIE 117 DIEGO CIRCLE PENSACOLA FL 32505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C GRAY, FRANK 1283 A CAPITAL BLVD PENSACOLA FL 32505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Frances C Bertrand REQUIRED Date: 1/15/01 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR