

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90052 033 *****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

2. Principal Place of Business

1282 Same above

3. Mailing Address

Same above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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 **Frances C. King**

Street Address (P.O. Box Number is Not Acceptable)
1281 Capital Blvd.

City **Pensacola** FL Zip Code **32505**

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 *Frances C. King* **FRANCES C. KING**

(NOTE: Registered Agent signature required when reappointing)

DATE

2/27/02

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 **V** ☐ Delete
 NAME **GRIFFIN, MARY**
 STREET ADDRESS **1285 CAPITOL BLVD**
 CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE **S** ☐ Delete
 NAME **GRAY, RUBY**
 STREET ADDRESS **1283A CAPITAL BLVD.**
 CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE **D** ☐ Delete
 NAME **GRIFFIN, RANDY**
 STREET ADDRESS **1285 CAPITAL BLVD.**
 CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE **D** ☐ Delete
 NAME **DAVISON, LINDA**
 STREET ADDRESS **1202 ALCANIZE ST.**
 CITY-ST-ZIP **PENSACOLA FL 32503**

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

TITLE **D** ☐ Delete
 NAME **NICKSON, CONNIE**
 STREET ADDRESS **117 DIEGO CIRCLE**
 CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE **C** ☐ Delete
 NAME **GRAY, FRANK**
 STREET ADDRESS **1283 A CAPITAL BLVD**
 CITY-ST-ZIP **PENSACOLA FL 32505**

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: *Frances C. King* **FRANCES C. KING** **2/27/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (9/01)