

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90062 035 ****61.25

DOCUMENT # 765025

1. Entity Name

FAITH WORLD, INCORPORATED

Principal Place of Business

Mailing Address

1355 RAINVILLE RD
 TARPON SPRINGS FL 34689
 US

P. O. BOX 125
 TARPON SPRINGS FL 34688
 US

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

59-2215819

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALE, RUTHANNE
1814 MANNER DR
#161
TARPON SPRINGS FL 34689

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	<input type="checkbox"/> Delete
NAME	HALE, LESLIE S	
STREET ADDRESS	1310 RIVERVIEW DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HALE, MAUREEN	
STREET ADDRESS	1310 RIVERVIEW DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALE, RUTHANNE	
STREET ADDRESS	1310 RIVERVIEW DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE:

Leslie S. HALE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESLIE S. HALE 14 FEB 02
 727 938 0112

Date

Daytime Phone #

CR2E037 (9/01)