

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90077 024 ****61.25

DOCUMENT # N00000003720

1. Entity Name

FAITH BIBLE CHURCH INC.

Principal Place of Business

Mailing Address

**FIVE CHURCHES ROAD
 SANDERSON FL 32087**

**PO BOX 104
 SANDERSON FL 32087**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3640359

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

**WILLIAMS, VIDELL
 RT 1 BOX 44
 SANDERSON FL 32087**

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 **D** Delete
 NAME **BRANCH, ROBERT J JR**
 STREET ADDRESS **RT 2 BOX 2048**
 CITY-ST-ZIP **SANDERSON FL 32087**

TITLE Change Addition
 NAME *William Green*
 STREET ADDRESS *Bennie Givens Road*
 CITY-ST-ZIP *SanderSON, FL 32087*

TITLE **D** Delete
 NAME **JEFFERSON, PHILLIP**
 STREET ADDRESS **GASKINS CIRCLE**
 CITY-ST-ZIP **SANDERSON FL 32087**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WILLIAMS, VIDELL**
 STREET ADDRESS **RT 1 BOX 44**
 CITY-ST-ZIP **SANDERSON FL 32087**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WILLIAMS, ROSA ANNETTE**
 STREET ADDRESS **241 MICHIGAN AVE**
 CITY-ST-ZIP **MACCLENNY FL 32063**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WILLIAMS, VERNA**
 STREET ADDRESS **524 SOUTH BLVD**
 CITY-ST-ZIP **MACCLENNY FL 32063**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WILLIAMS, MARVA J**
 STREET ADDRESS **GASKINS CIRCLE**
 CITY-ST-ZIP **SANDERSON FL 32087**

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:

Signature of Phillip Jefferson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-02
 Date

Daytime Phone #

CFR2E037 (9/01)