

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90088 028 \*\*\*\*75.00

0011482

**DOCUMENT # N08827**

1. Entity Name

**FAITH HOPE AND LOVE CHURCH OF GOD, INC.**

Principal Place of Business

Mailing Address

1871 DOUGLAS AVE  
 SUITE E  
 CLEARWATER FL 33755

C/O MARY L. STOKES  
 2050 W 40TH STREET  
 JACKSONVILLE FL 32209

111510



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2539601**

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

**STOKES, MARY L.**  
**2050 W. 40TH ST.**  
**JACKSONVILLE FL 32209**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STOKES, MARY L.</b> <b>2050 W. 40TH ST.</b> <b>JACKSONVILLE FL 32209</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PONDS, PORTIA</b> <b>6440 NEBRASKA AVE., #4</b> <b>NEW PORT RICHEY FL 34653</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>STOKES, HERBERT JR.</b> <b>4032 KATANGA DR. SO.</b> <b>JACKSONVILLE FL 32209</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CLEMONS, VERA</b> <b>3034 CHESAPEAKE STREET</b> <b>CLEARWATER FL 33759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WATSON, LORETTA</b> <b>1165 7TH STREET NORTH</b> <b>SAFETY HARBOR FL 34695</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MOODY, GLADYS MAE</b> <b>706 PENNSYLVANIA AVE</b> <b>CLEARWATER FL 33755</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP Ponds, Portia 1438 Kingshighway Clearwater, Florida 33755</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Mary L. Stokes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REQUIRED** *2/12/2001*

Date

*(904) 768-5974*

Daytime Phone #

CR2E037 (10/00)