

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

UBR0057

04-26-2001 90273 006 \*\*\*\*61.25

**DOCUMENT # N27728**

1. Entity Name

**FLORIDA FAITH FORUM, INC.**

Principal Place of Business

8905 MCRAE ROAD  
 TAMPA FL 33624

Mailing Address

8905 MCRAE RD  
 TAMPA FL 33637-8905

645145



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

**59-2909940**

Applied For

Not Applicable

Zip

33637

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SWANICK, LINDA**  
**105 S OBRIEN ST APT 114**  
**TAMPA FL 33609**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**SEE 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	JOHNSON, W. WOODLAND, JR	22235 CARSON DR	LAND O LAKES FL 34639				
D	SWANICK, LINDA	105 S O BRIEN ST APT 114	TAMPA FL 33609				
TD	SKIPPER, STANLEY J., SR.	2007 DELEON, APT A	TAMPA FL				
D	MACGREGOR, DUNCAN S.	1009 S POINT ALEXIS DRIVE	TARPON SPRINGS FL 34689				
S	UTT, LLURAH G	3532 E. LAKE DR	LAND O'LAKES FL				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. W. Johnson Jr.

4/18/01 (813)980-3496

Date

Daytime Phone #

CR2E037 (10/00)