

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90139 050 \*\*\*\*61.25

UBR2003

**DOCUMENT # N27728**

1. Entity Name  
**FLORIDA FAITH FORUM, INC.**



Principal Place of Business  
**8905 MCRAE ROAD  
TAMPA FL 33637**

Mailing Address  
**8905 MCRAE RD  
TAMPA FL 33637-8905**

2. Principal Place of Business  
**21235 Carson Dr.**

3. Mailing Address  
**P.O. Box 1380**

Suite, Apt. #, etc.

City & State  
**Land O' Lakes, FL**

City & State  
**Lutz, FL**

Zip  
**34639**

Country  
**USA**

Zip  
**33548**

Country  
**USA**

4. FEI Number **59-2909940**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JOHNSON, W. WOODLAND, JR 22235 CARSON DR LAND O LAKES FL 34639</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SWANICK, LINDA 105 S O BRIEN ST APT 114 TAMPA FL 33609</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SKIPPER, STANLEY J., SR. 2007 DELEON, APT A TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MACGREGOR, DUNCAN S. 1009 S POINT ALEXIS DRIVE TARPON SPRINGS FL 34689</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S UTT, LLURAH G 3532 E. LAKE DR LAND O'LAKES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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: **SIGNATURE REQUIRED** Linda G. Utt 4/28/03 (813) 9484358

CR2E037 (10/02)