

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90037 029 \*\*\*\*61.25

**DOCUMENT # N41454**

1. Entity Name

**FAITH MISSION, INC.**

Principal Place of Business

Mailing Address

250 NORTH GULF BLVD.  
 CRYSTAL BEACH FL 34681

250 NORTH GULF BLVD.  
 CRYSTAL BEACH FL 34681

2. Principal Place of Business

3. Mailing Address

**4412 ALLIGATOR DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**NEW PORT RICHEY**

4. FEI Number

**59-0774179**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34653**

**PASCO**

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

**TOUCHTON, JERRY D**  
**4412 ALLIGATOR DR**  
**NEW PORT RICHER FL 34683**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

B. 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: **STD**  Delete  
 NAME: **TOUCHTON, JERRY D**  
 STREET ADDRESS: **4412 ALLIGATOR DRIVE**  
 CITY-ST-ZIP: **NEW PORT RICHEY FL 34653**

TITLE: **SD**  Change  Addition  
 NAME: **TOUCHTON, JERRY D.**  
 STREET ADDRESS: **4412 ALLIGATOR DRIVE**  
 CITY-ST-ZIP: **NEW PORT RICHEY FL 34653**

TITLE: **D**  Delete  
 NAME: **BREDEMEIER, C.W.A.**  
 STREET ADDRESS: **PO. BOX 524 N/A**  
 CITY-ST-ZIP: **CRYSTAL BEACH FL 34681**

TITLE: **TD**  Change  Addition  
 NAME: **CURTIS, ROBERT**  
 STREET ADDRESS: **668 SAMANTHA DRIVE**  
 CITY-ST-ZIP: **PALM HARBOR FL 34683**

TITLE: **D**  Delete  
 NAME: **FULLER, RICHARD**  
 STREET ADDRESS: **3770 W. PORCUPINE LN.**  
 CITY-ST-ZIP: **DUNNELLON FL**

TITLE: **VD**  Change  Addition  
 NAME: **FORD, JON**  
 STREET ADDRESS: **P.O. Box 524**  
 CITY-ST-ZIP: **CRYSTAL BEACH FL 34681**

TITLE: **D**  Delete  
 NAME: **FULLER, HELEN**  
 STREET ADDRESS: **3770 W. PORCUPINE LANE**  
 CITY-ST-ZIP: **DUNNELLON FL**

TITLE: **D**  Change  Addition  
 NAME: **STOKES, ARTHUR**  
 STREET ADDRESS: **P.O. Box 234**  
 CITY-ST-ZIP: **ROUND TOP TX 78954**

TITLE: **D**  Delete  
 NAME: **HUFFMAN, BETTY EARL**  
 STREET ADDRESS: **3024 GREENLEAF ST**  
 CITY-ST-ZIP: **ALLEN TOWN PA**

TITLE: **D**  Change  Addition  
 NAME: **HUFFMAN, DONALD**  
 STREET ADDRESS: **3024 GREENLEAF STREET**  
 CITY-ST-ZIP: **ALLEN TOWN PA 18104**

TITLE: **P**  Delete  
 NAME: **MARKERT, E.L., JR**  
 STREET ADDRESS: **4025 HARBOR HILLS RD.**  
 CITY-ST-ZIP: **CHATTANOOGA TN**

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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-29-00**

**727-942-5035**

Date

Daytime Phone #

CR2E037 (9/99)