

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N42236**

1. Entity Name

**FAITHFUL WORD MINISTRIES, INC.**

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90077 021 \*\*\*\*61.25

Principal Place of Business

320 E. COMMERCIAL ST  
 SANFORD FL 32771  
 US

Mailing Address

P.O. BOX 999  
 SANFORD FL 32772-0999  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3054682**

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

**MICHELS, STEVEN A.**  
**236 MAUREEN DRIVE**  
**SANFORD FL 32771**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MICHELS, STEVEN A.</b>	
STREET ADDRESS	<b>236 MAUREEN DRIVE</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>APONTE, SIXTO JR</b>	
STREET ADDRESS	<b>1104 MCKINNON AVENUE</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARBOSA, ANTONIO JR</b>	
STREET ADDRESS	<b>520 APPLEWOOD AVENUE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MICHELS, SHERYL A</b>	
STREET ADDRESS	<b>236 MAUREEN DRIVE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2150 Wembley Place</b>	
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Steven A. Michels Steven A. Michels 3-25-2000 (407) 328-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)