

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90037 001 ***122.50

DOCUMENT # N96000001090

1. Entity Name

FAITH CHRISTIAN FAMILY CENTER, INC.

Principal Place of Business

**310 LAURA LEE AVENUE
TALLAHASSEE FL 32301**

Mailing Address

**P.O. BOX 5972
TALLAHASSEE FL 32314**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3328326

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

**MCMILLAN, HOWARD
4001 CHAIRES CROSS ROAD
TALLAHASSEE FL 32314**

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

Howard McMillan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*9/12/01***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	D	☐ Delete
NAME	MCMILLAN, HOWARD F	
STREET ADDRESS	4001 CHAIRES CROSS ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32314	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Delete
NAME	EDWARDS, HAROLD W	
STREET ADDRESS	703 COBLE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Delete
NAME	ROGERS, PEGGY	
STREET ADDRESS	2710 LAKE MUNSON STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Delete
NAME	WEST, PERRY	
STREET ADDRESS	934 COCHRAN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	☐ Delete
NAME	EDWARDS, PATRICIA	
STREET ADDRESS	703 COBLE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Delete
NAME	ANDERSON, CLARENCE	
STREET ADDRESS	3516 SUNNYSIDE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE		☐ Change ☐ 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:

*Howard McMillan**9/12/01*

CR2E037 (10/00)