

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001090

1. Entity Name

FAITH CHRISTIAN FAMILY CENTER, INC.

Principal Place of Business

Mailing Address

310 LAURA LEE AVENUE
TALLAHASSEE FL 32301

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

Zip

Country

Zip

Country

4. FEI Number

59-3328326

Applied For

Not Applicable

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

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

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME 800007858598--3
STREET ADDRESS -09/19/02--01095--016
CITY-ST-ZIP ****183.75 *****61.25

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/02

671-3030

CR2E037 (9/01)