

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90017 014 \*\*\*\*70.00

**DOCUMENT # N98000002605**

1. Entity Name  
**FAITH CHRISTIAN CENTER CHURCH, INC.**

Principal Place of Business 7500 MERRILL RD JACKSONVILLE FL 32277	Mailing Address 7500 MERRILL RD JACKSONVILLE FL 32277-9711
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-3494560</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DAVIS, GEORGE L**  
**7500 MERRILL RD**  
**JACKSONVILLE FL 32277**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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: **REV. GEORGE L. DAVIS**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
**PASTOR/PRESIDENT**  
 DATE: **04/14/00**

**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	DP	<input type="checkbox"/> Delete
NAME	DAVIS, GEORGE L	
STREET ADDRESS	12874 KELSEY ISLAND DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DAVIS, APRIL R	
STREET ADDRESS	12874 KELSEY ISLAND DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	<del>DS</del> DS	<input type="checkbox"/> Delete
NAME	DAVIS, DESHAUN L	
STREET ADDRESS	12058 SAVERIO LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	ASULEY, E. SHAWN DT	<input type="checkbox"/> Delete
NAME	ASULEY, E. SHAWN	
STREET ADDRESS	4017 Cog Hill Court	
CITY-ST-ZIP	Jacksonville, FL 32225	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DESHAUN	
STREET ADDRESS	12058 Saverio Lane	
CITY-ST-ZIP	Jacksonville, FL 32225 (SECRETARY)	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASULEY, E. SHAWN	
STREET ADDRESS	4017 Cog Hill Court	
CITY-ST-ZIP	Jacksonville, FL 32225 (TREASURER)	
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: **REV. GEORGE L. DAVIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: **04/14/00** DAYTIME PHONE #: **(904) 744 0908**

CR2E037 (9/99)