

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

WJ 19020

05-01-2001 90073 029 ****61.25

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2251 St. Johns Bluff Road	3. Mailing Address 2251 St. Johns Bluff Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State Jacksonville, Florida

4. FEI Number 59-3494560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVIS, GEORGE L 7500 MERRILL RD JACKSONVILLE FL 32277 → Change	7. Name and Address of New Registered Agent Name Davis, George L. Street Address (P.O. Box Number is Not Acceptable) 2251 St. Johns Bluff Rd. City Jacksonville FL Zip Code 32246
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, GEORGE L 12874 KELSEY ISLAND DR JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAVIS, APRIL R 12874 KELSEY ISLAND DR JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVIS, DESHAUN L 12058 SAVERIO LANE JACKSONVILLE FL 32225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Jordan, Randall 1015 Belle Rive Blvd. # 906 Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASHLEY, SHAWN 4017 COG HILL CT JACKSONVILLE FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date **4/18/01** Daytime Phone # _____

CR2E037 (10/00)