

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000000512**

1. Entity Name

**FAITH CRUSADE FELLOWSHIP, INC.**

Principal Place of Business

Mailing Address

**7632 N.W. 22 Ave  
Miami, FL 33162**

**SAME**

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

**65-0901522**

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

Name

**JAMES H. BARNES**

Street Address (P.O. Box Number is Not Acceptable)

**1490 NW 46th St.**

City

**MIAMI**

FL

Zip Code

**33142**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**12/22/2000**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President James H. Barnes 1490 N.W. 46th Miami, FL 33142</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE President Debrahnia Barnes 1490 N.W. 46th Miami, FL 33142</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Monica Threath Secretary 965 N.W. 131st Miami, FL 33168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Greg Choise 220 N.W. 134th Miami, FL 33168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

*[Signature]*

**12/22/2000**

**(305) 634-7665**

CR2E037 (9/99)

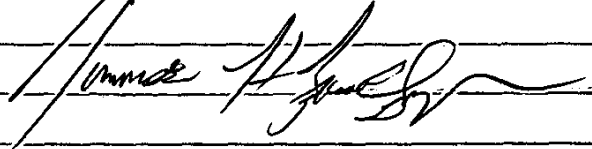
December 18, 2060

N. 99000000512

To whom it may concern I James H. Barnes Sr.  
Never recieved a copy of the uniform Business  
Report form (UBR), I Never recieved a late  
notice or anything in the mailed from Tallahassee  
Division of Corporations. The only thing I recieved in  
the mail was the copy of the name change request form.  
I'm writing this letter to inform your Department To  
let you know that it wasn't a mistake on our part.

Thank you!!!

Bishop James H. Barnes Sr.



For Filing  
Purposes

Only!!

FILED  
01 JAN -3 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA