

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90105 017 ****70.00

0044954

DOCUMENT # N01000004366

1. Entity Name

FAITH, SPIRIT, AND TRUTH, WITH DIVINE POWER, INC.

Principal Place of Business

**1415 E BAY ST
 BARTOW FL 33830**

Mailing Address

**1415 E BAY ST
 BARTOW FL 33830**

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

☒ 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

**JOHNSON, MATTIE C
 1415 E BAY ST
 BARTOW FL 33830**

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 **C** ☐ Delete
 NAME **JOHNSON, MATTIE C**
 STREET ADDRESS **1415 E BAY ST**
 CITY-ST-ZIP **BARTOW FL 33830**

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

TITLE **VC** ☐ Delete
 NAME **MOTHERSILL, SABASTIAN**
 STREET ADDRESS **1625 MERRICK RD.**
 CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE **S** ☐ Delete
 NAME **MOTHERSILL, DEBORAH**
 STREET ADDRESS **1625 MERRICK RD**
 CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE **T** ☒ Delete
 NAME **HAMILTON, JONATHAN F**
 STREET ADDRESS **2216 BRANDY PL**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☒ Change ☐ Addition
 NAME **Walter Knight, Jr.**
 STREET ADDRESS **610 E. Myrtle St.**
 CITY-ST-ZIP **Lakeland, FL 33802**

TITLE **T** ☒ Delete
 NAME **CARTER, FRED**
 STREET ADDRESS **12332 ROCK RIDGE RD**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☒ Change ☐ Addition
 NAME **Florine Knight**
 STREET ADDRESS **610 E. Myrtle St.**
 CITY-ST-ZIP **Lakeland, FL 33802**

TITLE **T** ☒ Delete
 NAME **CARTER, FRED SR**
 STREET ADDRESS **12332 ROCK RIDGE RD**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☒ Change ☐ Addition
 NAME **Willie Fred Williams**
 STREET ADDRESS **409 6th St. W.**
 CITY-ST-ZIP **Lakeland, FL 33805**

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:

Mattie C Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02
 Date

863-533-3583
 Daytime Phone #

CR2E037 (9/01)