

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 12, 2000 8:00 am
Secretary of State

03-14-2000 90053 018 ****61.25

DOCUMENT # 719222

1. Entity Name

FAITH TEMPLE, INC.

Principal Place of Business

960 5TH AVE S
BOX 22
ST. PETERSBURG FL 33705

Mailing Address

P.O. BOX 22
ST. PETERSBURG FL 33731-0022

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

59-0722784

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

REYNOLDS BARBARA
7430-34TH ST. SO. APT. 601E
ST. PETERSBURG FL 33711

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 **P** ☒ Delete
NAME **NELSON, BEN**
STREET ADDRESS **7880 45TH ST NO**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **ST** ☐ Delete
NAME **NELSON, NANCY M.**
STREET ADDRESS **7880 45TH STREET NORTH**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **VD** ☐ Delete
NAME **REYNOLDS, BARBARA L.**
STREET ADDRESS **7430 SUNSHINE SKYWAY LANE S. APT. 601**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **D** ☐ Delete
NAME **FINK, GEORGE**
STREET ADDRESS **4310 16TH AVE N**
CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE **D** ☒ Delete
NAME **GRIFFIN, BRUCE**
STREET ADDRESS **918 ALCAZAR WAY S.**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **STD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **8012 Blind Pass Rd. #8**
CITY-ST-ZIP **St. Pete Beach, FL. 33706**

TITLE ☐ Change ☐ Addition
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: *Richard L. Reynolds*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00 (727) 867-3182
Date Daytime Phone #

CR2E037 (9/99)