

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90002 006 ****61.25

DOCUMENT # 719222

1. Entity Name

FAITH TEMPLE, INC.

Principal Place of Business

**950 5TH AVE S
 BOX 22
 ST. PETERSBURG FL 33705**

Mailing Address

**P.O. BOX 22
 ST. PETERSBURG FL 33711**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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

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

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

TITLE **VD** ☐ Delete
 NAME **FINK, GEORGE**
 STREET ADDRESS **8012 BLIND PASS RD #8**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **STD**
 STREET ADDRESS **NELSON, NANCY M.**
 CITY-ST-ZIP **156 Melody Lane - Tarpon Springs, FL 34689**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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.

Barbara L. Reynolds

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02 (727) 867-3182

CR2E037 (9/01)