

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90325 036 ****61.25

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1. Entity Name

**FAITH CHURCH OF THE UNITED BRETHREN IN CHRIST,
INC.**



Principal Place of Business

**4700 CLYDE MORRIS BLVD.
PORT ORANGE, FL 32119-4104**

Mailing Address

**4700 CLYDE MORRIS BLVD.
PORT ORANGE, FL 32119-4104**

00033464



04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number

59-6548893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PYLE, ERNEST C
5963 PARK RIDGE DRIVE
PORT ORANGE, FL 32127**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
BOYD, GRACE
3242 LAPALOMA AVE
DAYTONA BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PYLE, ERNEST
5963 PARKRIDGE RD
PT ORANGE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JOHNS, DIANNE
1223 THOMASINA DRIVE
PORT ORANGE, FL 0,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #