DOCUI 1. Entity Name	MENT # 729531	· .	· ARMETAL	ILEU IY Au					
FAITH BAPTIST CHURCH OF VERO BEACH, FLA.					LA.	OI NOY -7 PM 2: 40			
				I	NC.	UI NOV -7	PM a.	10185	
Principal Place	e of Business			111 2:4	0				
	&(¢¢ 7966 20th Street	sar	ne						
	Vero Beach, Florid	la 3296	5						
	ace of Business		. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	3	City & State			4. FEI Number	*********		olied For	
		7/0		Country	59_1948411 Not Ap		Applicable		
Zip	Country	Zip		Country	5. Certificate of St		Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
						Illiam Stroup			
						615 Jupiter Blvd SW			
					· - • • • • • • • • • • • • • • • •				
				City	<i>⊘x</i> vexxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Palm Bay FL	Re Zip Code	2908	
SIGNATURE _	William Strongs Signature, typed or printed name of registered agent and	title if applicable.	NOTE: Re	gistered Agentsignat	President ure required when reinstating)	Oct 12			
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25			lection Campa rust Fund Cont		\$5.00 May Be Added to Fees	Added to Fees Department of State			
10.	OFFICERS AND DIRE			11.	ADDITIONS/CHANG	ES TO OFFICERS AND DI			
TITLE NAME	James Pinkerton	×	Delete	TITLE NAME	President/D	rector	Change	Addition }	
STREET ADDRESS				STREET ADDRESS	William Stro			1	
CITY-ST-ZIP				CITY-ST-ZIP	2615 Jupiter				
TITLE NAME	William Bolling	X	Delete	TITLE NAME	Palm Bay, Fl Vice Preside	nt/Director	ু ডুবু Change ্	Addition (a	
STREET ADDRESS				STREET ADDRESS	Robert Keipe				
CITY-ST-ZIP				CITY-ST-ZIP	773 Antilles				
TITLE	Doreen Pinkerton	X	Delete	TITLE NAME	Palm /Bay, / Treasurer /		Change	☐ Addition	
name Street address				STREET ADDRESS	Gladys-Strou	·p			
CITY-ST-ZIP				CITY-ST-ZIP	2615 Jupiter	BIVG NE			
TITLE			Delete	TITLE NAME	Secretary/	· ·	🔀 Change	☐ Addition	
NAME STREET ADDRESS				STREET ADDRESS	Sallie Wilso	n			
CITY-ST-ZIP				CITY-ST-ZIP	299 Aladdin Palm Bay, Fl				
TITLE			Delete	TITLE	raim Day, Fi	32901	Change	☐ 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. Secretary Sallie J. Wilson,

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

2001 UNIFORM BUSINESS REPORT (UBR)

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321.951-2863

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