

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732719

1. Entity Name

FAITH OF CHRIST BIBLE REVIVAL CHURCH, INC.

Principal Place of Business

Mailing Address

4812 ASHLAND DR
TAMPA FL 33610

4812 ASHLAND DR
TAMPA FL 33610

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

59-1648361

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

CANADA, MOSES
4812 ASHLAND DR
TAMPA FL 33610

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

T
CANADA, FLOYD J
4812 ASHLAND DRIVE
TAMPA FL ☐ Delete

T
CANADA, SANDRA R
4812 ASHLAND DRIVE
TAMPA FL ☐ Delete

PD
CANADA, MOSES
4812 ASHLAND DRIVE
TAMPA FL ☐ Delete

S
CANADA, GENNIE MAE
419 E HUGH ST
TAMPA FL ☒ Delete

T
CANADA, JACOB A
4812 ASHLAND DR
TAMPA FL ☐ Delete

VP
TIMOTHY L. CANADA
4812 ASHLAND DR.
TAMPA FL ☐ Delete

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

ANNA MARIE WILLIAMS
3421 52 ST APT B
TAMPA FL 33610 ☒ Addition
(SECRETARY)

☐ Change ☐ Addition

☐ 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.

SIGNATURE: *Proctor Moses Canada SR MOSES CANADA SR PD 4/26/01 229-2207*

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90047 006 ****63.00

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DO NOT WRITE IN THIS SPACE

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