

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0000468

DOCUMENT # 732719

1. Entity Name

FAITH OF CHRIST BIBLE REVIVAL CHURCH, INC.

04-02-2002 90061 048 ****62.00

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



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1648361

Applied For

Not Applicable

Zip

Country

Zip

Country

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

T
NAME CANADA, FLOYD J ☐ Delete
STREET ADDRESS 4812 ASHLAND DRIVE
CITY-ST-ZIP TAMPA FL

T
NAME CANADA, SANDRA R ☐ Delete
STREET ADDRESS 4812 ASHLAND DRIVE
CITY-ST-ZIP TAMPA FL

PD
NAME CANADA, MOSES ☐ Delete
STREET ADDRESS 4812 ASHLAND DRIVE
CITY-ST-ZIP TAMPA FL

S
NAME WILLIAM, ANNA MARIE ☐ Delete
STREET ADDRESS 3421 52ST APT. B
CITY-ST-ZIP TAMPA FL 33610

T
NAME CANADA, JACOB A ☐ Delete
STREET ADDRESS 4812 ASHLAND DR
CITY-ST-ZIP TAMPA FL

VP
NAME TIMOTHY L. CANADA ☐ Delete
STREET ADDRESS 4812 ASHLAND DR.
CITY-ST-ZIP TAMPA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

☐ Change ☐ Addition
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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:

Moses Canada **SR**

3/21/2000

813-229-2207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000037 19/01