

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90225 024 \*\*\*\*61.25

**DOCUMENT # 737958**

1. Entity Name

**FAITH BIBLE COLLEGE INC.**

Principal Place of Business

**1207 HAMILTON BRIDGE ROAD  
MILTON FL 32570**

Mailing Address

**1207 HAMILTON BRIDGE ROAD  
MILTON FL 32570**

2. Principal Place of Business

**6423 Hamilton Bridge Rd.**

3. Mailing Address

**6423 Hamilton Br. Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-6554316**

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

**JOHNSON, EDWIN MAC  
1207 HAMILTON BRIDGE ROAD  
MILTON FL 32570**

Name

Street Address (P.O. Box Number is Not Acceptable)

**6423 Hamilton Bridge Rd.**

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

TITLE **VD** ☐ Delete  
NAME **GUNTON, JOHN**  
STREET ADDRESS **6622 HINOTE ST.**  
CITY-ST-ZIP **MILTON FL**

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

TITLE **ST** ☐ Delete  
NAME **BOHANNON, WILLIAM R**  
STREET ADDRESS **5899 INDEPENDENCE DR.**  
CITY-ST-ZIP **MILTON FL 32570**

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

TITLE **D** ☐ Delete  
NAME **JONES, JAMES**  
STREET ADDRESS **5134 PARKWAY DRIVE**  
CITY-ST-ZIP **MILTON, FL 00000**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **32570**

TITLE **D** ☐ Delete  
NAME **STONE, DANA**  
STREET ADDRESS **2863 ROBINSON PONT RD**  
CITY-ST-ZIP **MILTON, FL 00000**

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

TITLE **P** ☐ Delete  
NAME **JOHNSON, EDWIN MAC**  
STREET ADDRESS **1207 HAMILTON BRIDGE RD**  
CITY-ST-ZIP **MILTON, FL 00000**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **6423 Hamilton Bridge Rd.**  
CITY-ST-ZIP **32570**

TITLE **D** ☐ Delete  
NAME **KELLEY, RANDAL H**  
STREET ADDRESS **6826 MERTIS WAY**  
CITY-ST-ZIP **MILTON FL 32583**

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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)