

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750489

1. Entity Name

FAITH EVANGELISTIC, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90014 014 ****70.00

Principal Place of Business

Mailing Address

1142 DOL COIL
P.O. BOX 188
BOWLING GREEN FL 33834
US

PO BOX X188
P.O. BOX 188
BOWLING GREEN FL 33834-0188
US

2. Principal Place of Business

3. Mailing Address

, Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1932920

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

MILLER, JAMES W.
1142 DOC COIL RD
BOWLING GREEN FL 33834

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

TITLE PD ☐ Delete
NAME MILLER, JAMES W
STREET ADDRESS 1142 DOC COIL RD
CITY-ST-ZIP BOWLING GREEN, FL 00000

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

TITLE VD ☐ Delete
NAME MILLER, JUDITH ANN
STREET ADDRESS 310 W MAIN ST.
CITY-ST-ZIP BOWLING GREEN, FL 00000

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

TITLE STD ☐ Delete
NAME CARTE, EARLENE
STREET ADDRESS HI-WAY 17 SOUTH
CITY-ST-ZIP BOWLING GREEN, FL 00000

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

TITLE D ☐ Delete
NAME NOEL, WILLIE
STREET ADDRESS 101 GROVE ST.
CITY-ST-ZIP BOWLING GREEN, FL 00000

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

TITLE D ☐ Delete
NAME MILLER, JAMES W., JR
STREET ADDRESS 1142 1/2 DOC COIL RD
CITY-ST-ZIP BOWLING GREEN FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *James W. Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2000
Date

803 375-4545
Daytime Phone #

CR2E037 (9/99)