

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750489

1. Entity Name

FAITH EVANGELISTIC, INC.

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90010 015 \*\*\*\*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  
US

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

59-1932920

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, JAMES W  
4074 DIXIANA ST  
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 4074 DIXIANA - PO BOX 188  
CITY-ST-ZIP BOWLING GREEN FL 33834

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 4074 DIXIANA-  
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:

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

Date

Daytime Phone #

1-18-2002 863 3754206

CR2E037 (9/01)