

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90036 043 ****61.25

DOCUMENT # 761546

1. Entity Name

FAITH TEACHING CENTERS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**3940 NORTH HIGHWAY 441
 Ocala FL 32670**

**3940 NORTH HIGHWAY 441
 Ocala FL 32670**

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

59-2969432

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

**MUSLEH, E. G., P.A.
 415 N.W. FIRST AVENUE
 Ocala FL 32670**

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	<input type="checkbox"/> Delete
NAME	MCDONALD, DAN, REV.	
STREET ADDRESS	4809 NE 97TH ROAD	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCDONALD, MARY	
STREET ADDRESS	4809 NE 97TH STREET ROAD	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLASS, DON	
STREET ADDRESS	4809 NE 97 STREET ROAD	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKMON, KATHY D.	
STREET ADDRESS	4380 NE 25TH AVENUE	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLASS, DANNA J.	
STREET ADDRESS	3940 N. 441	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLASS, MARLENE M.	
STREET ADDRESS	13870 NE 47TH AVENUE	
CITY-ST-ZIP	SPARR FL 32192	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dan McDonald **DAN MCDONALD** 4-3-00 352 629 4610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)