

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90387 015 ****61.25

2030310

DOCUMENT # 762931



1. Entity Name

FAITH TABERNACLE OF FT. PIERCE, INC.

Principal Place of Business

**FAITH TABERNACLE OF FT PIERCE, 1 NE
C/O JAMES L NEWTON/6501 ST JAMES NW
PT ST LUCIE FL 34983**

Mailing Address

**FAITH TABERNACLE OF FT PIERCE, 1 NE
C/O JAMES L NEWTON/6501 ST JAMES NW
PT ST LUCIE FL 34983**

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 **59-2265908**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWTON, JAMES L.
6501 ST JAMES NW
PORT SAINT LUCIE FL 34983**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Delete
NAME	NEWTON, JAMES L.	
STREET ADDRESS	6501 ST JAMES NW	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLLOWAY, STARLYN G.	
STREET ADDRESS	324 WEATHERBEE RD 4776 N. Dunn Rd	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEWTON, PEGGY R	
STREET ADDRESS	6501 ST JAMES NW	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

4.9.03

CR2E037 (10/02)