

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90166 017 ****61.25

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

DOCUMENT # 766077			
1. Entity Name THE INDEPENDENT CHURCH OF GOD OF FAITH, INC.			
Principal Place of Business 6840 TROUT RIVER BLVD JACKSONVILLE, FL 32219		Mailing Address 6840 TROUT RIVER BLVD JACKSONVILLE, FL 32219	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2873261		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLALY, PATRICIA W. 6840 TROUT RIVER BLVD. JACKSONVILLE, FL 32219		7. Name and Address of New Registered Agent 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 <i>Patricia W. Mullaly</i> <i>Patricia W. Mullaly</i> <i>04-21-03</i> Signature, typed or printed name of registered agent and the filer (if applicable) (NOTE: Registered Agent's signature required when relinquishing) DATE			
FILE NOW! FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD MULLALY, RICHARD A 6840 TROUT RIVER BLVD JACKSONVILLE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VT SPENCER, JOHN E. 6840 TROUT RIVER BLVD. JACKSONVILLE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD MULLALY, PATRICIA W 6840 TROUT RIVER BLVD JACKSONVILLE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T SPENCER, MILDRED 6840 TROUT RIVER BLVD. JACKSONVILLE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD PARRIS, REV L. E. 6840 TROUT RIVER BLVD. JACKSONVILLE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T MULLALY, JERRY 6838 TROUT RIVER BLVD JACKSONVILLE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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 as changed, or on an attachment with an address, with all other filer empowered.			
SIGNATURE: <i>Patricia W. Mullaly</i> SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		Date <i>04-21-03</i> 904-965-1848 Date Filing Phone #	

Paid by check # 1198

CR2037 (10/02)