

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832992

1. Entity Name

WORD AND FAITH, INC.

Principal Place of Business

Mailing Address

311 S. BLUFF DR.
MELBOURNE, FL 32901

SAME

2. Principal Place of Business

1550 Orange Blossom Tr

3. Mailing Address

1550 Orange Blossom Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay, FL

City & State

Palm Bay, FL

4. FEI Number

23-7412989

Applied For

Not Applicable

Zip

Country

32905

USA

Zip

Country

32905

USA

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

VON RIESEN, LOREN
311 S. BLUFF DR.
MELBOURNE, FL 32901

Name SHERRY GILBERT

Street Address (P.O. Box Number is Not Acceptable)
1550 ORANGE BLOSSOM TR

City

PALM BAY

FL

Zip Code
32905

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

Sherry Gilbert Sherry Gilbert

12-12-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DR
VON RIESEN, LOREN
311 S. BLUFF DR.
MELBOURNE, FL 32901 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR
JACK GILBERT
1550 ORANGE BLOSSOM TR
PALM BAY, FL 32905 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR
VON RIESEN, FAWN
311 S. BLUFF DR.
MELBOURNE, FL 32901 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR
JIM FAIRBANKS
2302 PORT MALABAR BLVD.
PALM BAY, FL 32905 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR
PAYNE, TERI
311 S. BLUFF DR.
MELBOURNE, FL 32901 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR
SHERRY GILBERT
1550 ORANGE BLOSSOM TR.
PALM BAY, FL 32905 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR
VON RIESEN, DORIS
311 S. BLUFF DR.
MELBOURNE, FL 32901 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003746224-5
-02/21/01--01112--011
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003746224-5
-02/21/01--01112--012
*****8.75 *****8.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-12-00 321-768-9707

CR2E037 (9/99)