

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90056 008 ****61.25

DOCUMENT # F00000003236

1. Entity Name

FORCE OF FAITH MINISTRIES, INC.

Principal Place of Business

Mailing Address

110 E. REYNOLDS STREET, SUITE 605
 PLANT CITY FL 33566

110 E. REYNOLDS STREET, SUITE 605
 PLANT CITY FL 33566

00045734



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2208 Village Park Rd

2208 Village Park Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#104

#104

City & State

City & State

Plant City FL

Plant City FL

Zip

Country

Zip

Country

33566

Hillsborough

33566

Hillsborough

4. FEI Number

16-1501315

16-1511215

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

JAMES, REIS
 110 E. REYNOLDS STREET, SUITE 605
 PLANT CITY FL 33566

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 ☐ Delete
 NAME **PC**
 STREET ADDRESS **JAMES, REIS**
 CITY-ST-ZIP **2208 VILLAGE PARK ROAD, APT 104**
PLANT CITY FL 33564

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **STVC**
 STREET ADDRESS **JAMES, JO-ANN**
 CITY-ST-ZIP **2208 VILLAGE PARK ROAD, APT 104**
PLANT CITY FL 33564

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GIANO, RICH**
 CITY-ST-ZIP **775 MAIN STREET WEST**
SENECA NY 14224

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: James JO-Ann James 4/9/01 813-707-0760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)