

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

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90170 039 \*\*\*\*61.25

0003140

**DOCUMENT # F00000003236**

1. Entity Name

**FORCE OF FAITH MINISTRIES, INC.**



Principal Place of Business

**2876 HAMMOCK DR  
PLANT CITY FL 33567**

Mailing Address

**2876 HAMMOCK DR  
PLANT CITY FL 33567**

2. Principal Place of Business

**919 Loganderry Lane #103**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**#103**

Suite, Apt. #, etc.

**SAME**

City & State

**PLANT CITY**

City & State

**SAME**

Zip

**33564**

Country

**USA**

Zip

**SAME**

Country

**SAME**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **16-1501215**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JAMES, REIS  
2876 HAMMOCK DR  
PLANT CITY FL 33567**

7. Name and Address of New Registered Agent

Name **Force of Faith ministries**

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

**919 Loganderry Lane #103**

City **PLANT CITY FL FL**

Zip Code **33564**

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

*James Reis*

**5/1/03**

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

TITLE	<b>PC</b>	<input type="checkbox"/> Delete
NAME	<b>JAMES, REIS</b>	
STREET ADDRESS	<b>2876 HAMMOCK DR</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE	<b>STVC</b>	<input type="checkbox"/> Delete
NAME	<b>JAMES, JO-ANN</b>	
STREET ADDRESS	<b>2876 HAMMOCK DR</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GIANO, RICH</b>	
STREET ADDRESS	<b>775 MAIN STREET WEST</b>	
CITY-ST-ZIP	<b>SENECA NY 14224</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
NAME	
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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	

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 Reis*

**5/1/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)