2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F98000004385 Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** FAITH CHRISTIAN FELLOWSHIP CHURCH, INC. 01-27-2000 90095 027 ****61.25 Mailing Address Principal Place of Business P.O. BOX 318 P.O. BOX 318 WAUKEGAN IL 60079-0318 WAUKEGAN IL 60079-0318 2. Principal Place of Business 3. Mailing Address 621 Belidere DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 36-2916346 TL Not Applicable Waukeg Waukegas Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 60085 Fee Required 60085 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NORELUS, RINTONY 3*349* S+. 3577 NW 32ND COURT LAUDERDALE LAKES FL 33309 Zip Code City 3**3**309 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. 有空间的自由现在 PART HOR I SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PC ☐ Change ☐ Addition ☐ Delete TITLE TITLE PAINE, PETER F NAME NAME STREET ADDRESS 2406 PEARSALL PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Waukegan IL 60085 ☐ Addition Change WC ☐ Delete TITLE TITLE THOMAS, EDWARD J JR NAME NAME STREET ADDRESS STREET ADDRESS 3432 CHRISTOPHER COURT CITY: ST-ZIP CITY-ST-ZIP NORFOLK VA 23513 ☐ Delete ☐ Addition TITLE □ Change TITLE NAME TAYLOR, PATRICK A NAME STREET ADDRESS STREET ADDRESS 544 ARCHER AVENUE CITY-ST-ZIP CITY-ST-ZIP WAUKEGAN IL 60085 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HUNEMULLER, JAY B STREET ADDRESS 814 BELVIDERE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAUKEGAN IL 60085 Change ☐ Addition TITLE ☐ Delete TITLE BRAND, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 814 BELVIDERE STREET CITY-ST-ZIP CITY-ST-ZIP WAUKEGAN IL 60085-7033 Change ☐ Addition TITLE Delete TITLE HAHN, RICK J NAME NAME STREET ADDRESS STREET ADDRESS 4412 DELTA AVENUE CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92103 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 of 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

with all other like empowered.

changed, or on an attachment with

SIGNATURE: