

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 27, 2002 8:00 am**  
**Secretary of State**

08-27-2002 90114 008 \*\*\*\*70.00

**DOCUMENT # N00000001022**

1. Entity Name

**FINDING ALTERNATIVES THAT INITIATE AND TRANSFORM HOPE, INC.**

Principal Place of Business

Mailing Address

1629 S.E. HAWTHORNE RD.  
 GAINESVILLE FL 32641  
 US

1629 S.E. HAWTHORNE RD.  
 GAINESVILLE FL 32641  
 US

2. Principal Place of Business

**FAITH, INC.**

Suite, Apt. #, etc.

3. Mailing Address

**1629 S.E. Hawthorne Rd.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**GAINESVILLE**

City & State  
**GAINESVILLE, FLA.**

4. FEI Number  
**59-3627366**

Applied For  
 Not Applicable

Zip  
**32641**

Country  
**ALACHUA**

Zip  
**32641**

Country  
**ALACHUA**

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

**MCRAE, ANDREW SR**  
 1629 S.E. HAWTHORNE ROAD  
 GAINESVILLE FL 32641

Name  
**Andrew McRae, Sr.**

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

**1629 S.E. Hawthorne Road**

City  
**GAINESVILLE**

FL

Zip Code  
**32641**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002, min. will be \$236.25.**

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 **D BRANTLEY, ISAAC**  
 STREET ADDRESS **8620-79 N.W. 13 ST.**  
 CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T BROWN, PATRICK**  
 STREET ADDRESS **1811 ROGERO RD.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T PERRY, JOYCE E**  
 STREET ADDRESS **119 N.E. 20 ST.**  
 CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T KELSEY, KIMBERLY**  
 STREET ADDRESS **1811 ROGERO ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **Andrew McRae, Sr.**

**7-2-02 (352)372-0024**

CR2E037 (4/02)