

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.

3. Mailing Address

1629 S.E. Hawthorne Rd.

Suite, Apt. #, etc.

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	D	<input type="checkbox"/> Delete
NAME	BRANTLEY, ISAAC	
STREET ADDRESS	8620-79 N.W. 13 ST.	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, PATRICK	
STREET ADDRESS	1811 ROGERO RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	T	<input type="checkbox"/> Delete
NAME	PERRY, JOYCE E	
STREET ADDRESS	119 N.E. 20 ST.	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	T	<input type="checkbox"/> Delete
NAME	KELSEY, KIMBERLY	
STREET ADDRESS	1811 ROGERO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: **Andrew McRae, Sr.**

7-2-02 (352)372-0024

CR2E037 (4/02)