

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001448

1. Entity Name

FAITH BAPTIST CHURCH FOUNDATION, INC.

Principal Place of Business

4470 W COLONIAL DRIVE
ORLANDO FL 32808

Mailing Address

4470 W COLONIAL DRIVE
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

57-365 8030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LEGER, FRANCKEL
4470 W COLONIAL DRIVE
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
After September 12, 2001, 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

TITLE
NAME
P. LEGER, FRANCKEL
STREET ADDRESS
4470 W COLONIAL DRIVE
CITY-ST-ZIP
ORLANDO FL 32808 ☐ Delete

TITLE
NAME
V. CELTANT, DUPAS
STREET ADDRESS
4470 W COLONIAL DRIVE
CITY-ST-ZIP
ORLANDO FL 32808 ☐ Delete

TITLE
NAME
S. PELTRO, JEAN
STREET ADDRESS
4470 W COLONIAL DRIVE
CITY-ST-ZIP
ORLANDO FL 32808 ☐ Delete

TITLE
NAME
T. GASPARD, SANOR
STREET ADDRESS
4470 W COLONIAL DRIVE
CITY-ST-ZIP
ORLANDO FL 32808 ☐ Delete

TITLE
NAME
DELVA, GOLA
STREET ADDRESS
4470 W COLONIAL DRIVE
CITY-ST-ZIP
ORLANDO, FL 32808 ☐ Delete

TITLE
NAME
PAUL, BETHANIE
STREET ADDRESS
4470 W COLONIAL DRIVE
CITY-ST-ZIP
ORLANDO, FL 32808 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

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 and all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-14-01

CR2037 (5/01)

FILED
Sep 19, 2001 8:00 am
Secretary of State

04-24-2001 90346 028 ****69.90