

4/5/

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90036 012 \*\*\*\*61.25

**DOCUMENT # N00000001898**

1. Entity Name

**CHURCH OF THE INCREASING FAITH INC.**

Principal Place of Business

Mailing Address

632 S. BAY ST.  
EUSTIS FL 32726619 KESINGTON ST.  
EUSTIS FL 32726

2. Principal Place of Business

3. Mailing Address

619 Kensington St  
Suite, Apt. #, etc.619 Kensington St  
Suite, Apt. #, etc.Eustis FL 32726  
City & StateEustis FL  
City & State

Zip

Country

Zip

Country

32726

USA

32726

USA

4. FEI Number

54-360-4486  
05-00572-00-45

Applied For

Not Applicable

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

MILLER, PATRICK P  
9737 VARIETY TREE RD  
LEESBURG FL 34788

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: *Patrick Miller*

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

(NOTE: Registered Agent signature required when reinstating)

3/31/01

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patrick Miller (Finance Sec) 9737 Variety Tree Rd Leesburg FL 34788	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William E. Miller 619 Kensington St Eustis, FL 32726	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Precious H. Miller 619 Kensington St Eustis, FL 32726	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Patrick Miller 9737 Variety Tree Rd Leesburg, FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Miller 619 Kensington St Eustis, FL 32726	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Freddie Miller 2803 Griffin Rd Leesburg FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *William E. Miller* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)