

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90028 034 ****61.25

0055609

DOCUMENT # N00000002503

1. Entity Name

FAITH GENERATION MINISTRIES, INC.

Principal Place of Business

POST OFFICE BOX 812368
BOCA RATON FL 33481-2368

Mailing Address

POST OFFICE BOX 812368
BOCA RATON FL 33481-2368

A0006467



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

061515043

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THOMAS, CHUCK
100 E. LINTON BOULEVARD
SUITE 125-B
DELRAY BEACH FL 33483

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**

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

T
NAME Pastor Chuck Thomas
STREET ADDRESS 100 E. LINTON BLVD. STE. 125-B
CITY-ST-ZIP DELRAY BEACH, FL 33483 ☐ Delete

D
NAME Joyce Thomas
STREET ADDRESS 2409 N.W. 49TH LANE
CITY-ST-ZIP BOCA RATON, FL 33431 ☐ Delete

D
NAME Bonnie A. Clemon Jr.
STREET ADDRESS 2382 NW 36TH AVE.
CITY-ST-ZIP COCONUT CREEK, FL 33066 ☐ Delete

D
NAME Betty Cykewick
STREET ADDRESS 1095 Circle Terr West Apt. B
CITY-ST-ZIP DELRAY BEACH, FL 334 ☐ Delete

D
NAME Alfreda Cole
STREET ADDRESS 1848 NW 6TH AVE.
CITY-ST-ZIP POMPANO BEACH, FL 33060 ☐ Delete

D
NAME Dr. YVONNE R.S. Sherrin
STREET ADDRESS 5333 N. Dixie Hwy. Ste. 110/111
CITY-ST-ZIP FORT LAUDERDALE, FL 33308 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

561-278-9941

Date

Daytime Phone #

CR2E037 (10/00)