

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90175 028 \*\*\*\*61.25

0081761

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1515043**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, CHUCK**

**2409 NW 49TH LANE**

**BOCA RATON FL 33431**

**9 F Southport Lane  
Boynton Beach, FL 33436**

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**THOMAS, CHARLES PASTOR**  
**2409 NW 49TH LANE**  
**BOCA RATON FL 33431**

☐ Delete

D  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**THOMAS, JOYCE**  
**2409 NW 49TH LANE**  
**BOCA RATON FL 33431**

☒ Delete

D  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CLEMON, BONNIE A JR.**  
**2382 NW 36TH AVE**  
**COCO NUT CREEK FL 33066**

☐ Delete

D  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CYKERWICK, BETTY**  
**1095 CIRCLE TERR WEST APT B**  
**DELRAY BEACH FL 334**

☐ Delete

D  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COLE, ALFRED**  
**NW 6TH AVE**  
**POMPANO BEACH FL 33060**

☐ Delete

D  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SHERRER, YVONNE R.S. DR**  
**5333 N DIXIE HWY STE 110-111**  
**FORT LAUDERDALE FL 33308**

☐ Delete

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**9 F Southport Lane**  
**Boynton Beach, FL 33436**

D  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JAMES WOODY**  
**1730 South Federal Hwy.**  
**DeLray Beach, FL 33483**

☐ Change ☒ Addition

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

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

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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

**Signature Required**  
**Signature and Typed or Printed Name of Signing Officer or Director**  
**Chuck Thomas**

**8/13/03**

**561-738-7726**

Date

Daytime Phone #

CR2E037 (10/02)