

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003546

1. Entity Name

NEW FAITH MINISTRIES, INC.

Principal Place of Business

4302 PLYMOUTH STREET
JACKSONVILLE FL 32205

Mailing Address

4302 PLYMOUTH STREET
JACKSONVILLE FL 32205

2. Principal Place of Business

5417 Lenox Ave

3. Mailing Address

5417 Lenox Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32205

Country

DUAL

Zip

32205

Country

DUAL

4. FEI Number

59-3479038

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWELL, JOSEPH L
1176 VILLAGE GREEN CT
BALDWIN FL 32234

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)

7.8.01

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 D
NAME HOWELL, RICHARD L
STREET ADDRESS 9120 DERBY ACRE LANE
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE D
NAME SANDERS, JUDY E
STREET ADDRESS RT 1 BOX 28
CITY-ST-ZIP ST GEORGE GA 31646

TITLE D
NAME HOWELL, LOTTIE
STREET ADDRESS 1176 VILLAGE GREEN ST
CITY-ST-ZIP BALDWIN FL 32234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME SAMMY L. MORRIS
STREET ADDRESS 5147 Sand Ridge Ct
CITY-ST-ZIP Jacksonville, FL 32258

TITLE D
NAME JOSEPH HOWELL SR.
STREET ADDRESS 1176 VILLAGE GREEN CT
CITY-ST-ZIP BALDWIN FL 32234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

TYP P OF OFF OR

Home Phone #

FILED
Aug 01, 2001 8:00 am
Secretary of State

07-12-2001 90113 029 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)