2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000003563

1. Entity Name

UNITED FAITH CHRISTIAN MINISTRIES, INC.

FILED Aug 04, 2002 8:00 am Secretary of State 08-04-2002 90156 003 ****61.25

Principal Place of Business				Mailing Address								
12401 CASHEROS COVE COURT JACKSONVILLE FL 32225			12401 CASHEROS COVE COURT JACKSONVILLE FL 32225				B0133298 -					
2. Principal P	Place of Busines	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & Stat	е	City & State					4. FEI Number 59-3675593			Applied For Not Applicable		
Zip	Country		Zip		Cou	Country .				8.75 Additional ee Required		
	6. Name an	Registered Agent				7. Name and Address of New Registered Agent					1	
						Name						
BENNETT, ALVIN 12401 CASHEROS COVE COURT						Street Add	ress ((P.O. Box Number is N	ot Acceptable)	-	-	
JACKSONVILLE FL 32225						City			FL	Zip Cod	ie	
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 the obligations of registered agent.											and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Organistics, 1900 or printed mains on registrated again and time in appropriate. It is neglicitated organic anglitical indigitated when remissioning). DATE												
After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable										to		
		e \$236.25.	. ,	Trust Fund C	ontribut	ion. \square		Added to Fees	Departmen	•		
10. OFFICERS AND DIRECTORS					11.			ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTODS IN	110	-
TITLE ⁵	OFFICERS AND DIRECTORS Delete				TITL	- I		ADDITIONS/CHANGE		Change	Addition	18
NAME	BENNETT, ALVIN				NAME							(4)
STREET ADDRESS	1-101 011011-1111					ET ADDRESS						CR2E037 (4/02
CITY-ST-ZIP	JACKSONVIL			-ST-ZIP						12		
title Name	VD Thomas, Wi	I RERT III		☐ Delete	TITLI					☐ Change	☐ Addition	0
STREET ADDRESS	12401 CASHEROS COVE COURT					ET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32225					CITY-ST-ZIP						
TITLE .	STD Delete				TITLE	I				☐ Change	☐ Addition	1
NAME	BENNETT, CH	HARLEEN			NAM	_		مستنب جوړه				
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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.												
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