

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 03-27-2001 90053 041 ****61.25

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1. Entity Name

FAITH INITIATIVES COMMUNITY DEVELOPMENT CORPORAT - ✓

Principal Place of Business

**2251 NW 2ND STREET
 Ocala FL 34475**

Mailing Address

**2251 NW 2ND STREET
 Ocala FL 34475**

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

59-3659838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, JUANITA G
 2251 NW 2ND STREET
 Ocala FL 34475**

7. Name and Address of New Registered Agent

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BROOKS, TOMMY L SR**
 CITY-ST-ZIP **2140 NW 21ST STREET
 Ocala FL 34475**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DAVIS, JUANITA G**
 CITY-ST-ZIP **3501 SW 25TH STREET
 Ocala FL 34474**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FAISON, LEROY**
 CITY-ST-ZIP **2319 SW 5TH PLACE
 Ocala FL 34474**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GARNER, HAROLD**
 CITY-ST-ZIP **9908 SW 206TH CIRCLE
 DUNNELLON FL 34431**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RICHARDSON, DEBRA**
 CITY-ST-ZIP **720 NE 26TH STREET
 Ocala FL 34470**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 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:

Juanita G Davis **JUANITA G DAVIS**

01-14-01

352-629-5663