2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000004104

1. Entity Name

FAITH INITIATIVES COMMUNITY DEVELOPMENT CORPORAT ION OF OCALA, FLORIDA

Principal Place of Business Mailing Address 2251 NW 2ND STREET 2251 NW 2ND STREET OCALA FL 34475 OCALA FL 34475

FILED Sep 19, 2002 8:00 am Secretary of State

09-19-2002 90157 004 ****61.25



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2. Principal Place of Business		3. Mailing Address			F iik 18 11: 19 11: 15 11: 19 11: 19 11: 1		HI DIAK ILDA,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO	DO NOT WRITE IN THIS SPACE .			
City & State		City & State		4. FEI Number 59-3	4. FEI Number 59-3659838		plied For	
Zip	CountryZip		Country	-5Certificate of Statu	−5:- Certificate of Status Desired □ \$8.75 Additional Fee Required		litional	
	6. Name and Address of Current R	egistered Agent		7. Name and Addres	7. Name and Address of New Registered Agent			
				Name				
DAVIS, JUANITA G 2251 NW 2ND STREET OCALA FL 34475			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			City	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 obliga	tions of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
1875								
After September 13, 2002. 9. Election Campaign Financing \$5.00 May Be Make Check Payable								
After September 13, 2002, 9. Election Campaign I min. will be \$236.25. Trust Fund Contribu				\$5.00 May Be Added to Fees	Make Check P Department	•		
ς.j,	1111. 4411 00 9200.20.			- 7,0000 10 1 003	Department (UI State		
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	CTORS IN	10	
TITLE	D	☐ Delete	TITLE	Garner, Harold 4972 NW 82nd C Ocala, FL 344	<u> </u>	Change	Addition	
NAME	BROOKS, TOMMY L SR		NAME	CAPACT / Jarone	_	- 0		
STREET ADDRESS	2140 NW 21ST STREET		STREET ADDRESS	4972 NW 8200C	ourt		j	
CITY-\$T-ZIP	OCALA FL 34475		CITY-ST-ZIP	Deala FL 3441	92			
TITLE	D	☐ Delete	TITLE			1 Change	☐ Addition	
NAME	DAVIS, JUANITA G	<u> </u>	NAME		_	_ onango		
STREET ADDRESS.	3501 SW-25TH STREET	_ 	STREET ADDRESS		_			
CITY-ST-ZIP	OCALA FL 34474		CITY-ST-ZIP		, . .	-		
TITLE	D	☐ Delete	TITLE] Change	Addition	
NAME	FAISON, LEROY	D0000	NAME			, onango		
STREET ADDRESS	2319 SW 5TH PLACE		STREET ADDRESS				1	
CITY-ST-ZIP	OCALA FL 34474		CITY-ST-ZIP					
TITLE	D	Delete	TITLE			Change	Addition	
NAME	GARNER, HAROLD	Las Delete	NAME		_	ı onanye	☐ Montholl	
STREET ADDRESS	9908 SW 206TH CIRCLE		STREET ADDRESS					
CITY-ST-ZIP	DUNNELLON FL 34431		CITY-ST-ZIP				Ì	
TITLE	D	☐ Delete	TITLE			l Change	Addition	
NAME	RICHARDSON, DEBRA	□ Delete	NAME		l,,,,] Change	Addition)	
STREET ADDRESS	720 NE 26TH STREET		STREET ADDRESS					

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE: Jugnita

OCALA FL 34470

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

08-16-02

352-629-5663

☐ Change

Addition