

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90180 037 ****61.25

DOCUMENT # N00000004682

1. Entity Name

FAITH GRACE MINISTRIES, INC.



Principal Place of Business

**4425 PALM BEACH BLVD
FORT MYERS FL 33905**

Mailing Address

**4425 PALM BEACH BLVD
FORT MYERS FL 33905**

70014314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0924626**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, LUKE A
4425 PALM BEACH BLVD.
FORT MYERS FL 33905**

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

TITLE **P** ☐ Delete
NAME **GREEN, LUKE A**
STREET ADDRESS **1632 HEITMAN AVE**
CITY-ST-ZIP **FORT MYERS FL 33905**

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

TITLE **VP** ☐ Delete
NAME **GREEN, LESLIE**
STREET ADDRESS **3305 ELLINGTON COURT**
CITY-ST-ZIP **FORT MYERS FL 33916**

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

TITLE **SD** ☒ Delete
NAME **HENDERSON, DETRES**
STREET ADDRESS **3903 SW 34TH STREET**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE ☐ Change ☒ Addition
NAME **SD FITZHUGH, VAN DELLA**
STREET ADDRESS **4541 JERSEY ROAD**
CITY-ST-ZIP **TICE, FL 33905**

TITLE **TD** ☐ Delete
NAME **EDWARDS, BERNARD**
STREET ADDRESS **4310 13TH STREET WEST**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

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

TITLE **D** ☐ Delete
NAME **PETERSON, JESSIE**
STREET ADDRESS **4982 GARY DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33-9085**

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

TITLE **D** ☐ Delete
NAME **CHERRY, JOSEPH**
STREET ADDRESS **4665 DELEON ST., APT. K-269**
CITY-ST-ZIP **FORT MYERS FL 33907**

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: *Luke A Green* **REQUIRED**

1-22-03 239-693-9660

CR2E037 (10/02)