

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004715

1. Entity Name

QCF MINISTRIES, INC.

Principal Place of Business

105 ANDERSON AVENUE  
SANFORD FL 32771

Mailing Address

105 ANDERSON AVENUE  
SANFORD FL 32771

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

59.3456888

Applied For

Not Applicable

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

FAISON, QUINTIN C  
105 ANDERSON AVENUE  
SANFORD FL 32771

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

FILE NOW:  
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME FAISON, QUINTIN C  
STREET ADDRESS 105 ANDERSON AVENUE  
CITY-ST-ZIP SANFORD FL

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

TITLE D ☐ Delete  
NAME FAISON, JONI C  
STREET ADDRESS 105 ANDERSON AVENUE  
CITY-ST-ZIP SANFORD FL

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

TITLE D ☐ Delete  
NAME WILSON, LEONARD J  
STREET ADDRESS 1612 W. 8TH STREET  
CITY-ST-ZIP SANFORD FL 32771

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

TITLE D ☐ Delete  
NAME HUDSON, TIMOTHY  
STREET ADDRESS 2809 GROVE DRIVE  
CITY-ST-ZIP SANFORD FL 32771

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

TITLE D ☐ Delete  
NAME TUCKER, JANET B  
STREET ADDRESS 1772 N. MERRICK DRIVE  
CITY-ST-ZIP DELTONA FL 32728

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Quentin C Faison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

407.322-4157

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90276 037 \*\*\*\*70.00