2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90290 010 ****70.00

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DOCUMENT # N00000004715

1. Entity Name

QCF MINISTRIES, INC.

Principal Place of Business	Mailing Address
105 ANDERSON AVENUE SANFORD FL 32771	105 ANDERSON AVENUE SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3272 Night Breeze Ln.	3272 Night Breeze Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Mary Fl.	City & State: Lake Mary Fl
Zip: 32746 Country: U.S.A	Zip: Fl. 32746 Country: U.S.A

4. FEI Number: 59-3656888 ☐ 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): 3272 Night Breeze Ln. City: Lake Mary FL Zip Code: 32746

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FAISON, QUINTIN C 105 ANDERSON AVENUE SANFORD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3272 NIGHT Breeze Ln. Lake Mary, Fl. 32746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAISON, JONI C 105 ANDERSON AVENUE SANFORD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3272 Night Breeze Ln. Lake Mary, Fl. 32746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, LEONARD J 1612 W. 8TH STREET SANFORD FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUDSON, TIMOTHY 2809 GROVE DRIVE SANFORD FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUCKER, JANET B 1772 N. MERRICK DRIVE DELTONA FL 32728	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Quintin Faison QUINTIN Faison 4-30-02 407-320-1266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #