2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000005406

1. Entity Name

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BY FAITH EXPERIENCE MINISTRIES CORPORATION

Principal Place of Business Mailing Address 1197 MC DUFF AVE. 1197 MC DUFF AVE. JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 2. Principal Place of Business 3. Mailing Address

FILED Sep 11, 2002 8:00 am § Secretary of State

09-11-2002 90127 028 ****61.25

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Suite, Apt			(Same)								
	. #, etc.		Suite, Apt. #, etc.	<u>.,</u>	<u></u>		DO NOT	WRITE I	N THIS S	PACE	
City & Sta	te	**	City & State			4. FEI Number					Inplied Fee
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Zip	Count		7in		County	<u></u>					lot Applicabl
Zip ·			Zip	Country		5. Certificate o	f Status Desi	red	┌ \$	8.75 A	dditional
	- Amer			America		3. Certificate of Status Desired			F	Fee Required	
	6. Name and Addr	ess of Current Re	gistered Agent			7. Name and A	Address of N	ew Regi	stered A	gent	
				Nami				_			
				-		<u>Little</u>					
SMITH, SYLVIA			Stree	Street Address (P.O. Box Number is Not Acceptable)							
1197 MC	DUFF AVE.			<u> </u>							-
JACKSON	IVILLE FL 32205	•			1755	Leon Road	l Ant	2622			
				City	<u> </u>	Deon Road	Apt.	2022		Zip Cod	
				1	Jacks	onville			FL	2227	6
8. The above	named entity submits to	his statement for th	ne purpose of changing i	ts registered office	or registere	ed agent, or both	in the State	of Florida	lam fa	miliar with	and accent
the obliga	ions of registered agent	t.	- *	` `	,	^ ·	,		2	Timilar Frigit	, and accept
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SIGNATURE	Diane Little	Register	red Agent	Mane	\vee O	xttle		91	PIN	2	
2.0.01C	Signature, typed or printed name	e of registered agent and		TE: Registered Agent sig	nature required	when reinstation)		<u> </u>	, , <u>, , , , , , , , , , , , , , , , , </u>		
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of the corporation or the receiver or 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 truetee 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:

Attachment

2002 UNIFORM BUSINESS REPORT (UBR)

Document # N0000005406

By Faith Experience Ministries, Corp.
FEI Number 59-3666438

Page 2

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DIRECTORS NAMES NOT APPEARING ON PREVIOUS PAGE

10.	Directors				
Title Name Street Address City-St-Zip	D Lorraine McGriff 3217 Plateau Street Jacksonville, FL 32206				
Title Name Street Address City-St-Zip	D Yolanda Mosely 800 Broward Rd. Apt. D-104 Jacksonville, FL 32218	□ Delete □ Delete			
Title Name Street Address City-St-Zip	D Sharon Roberts 11648 Pine Acres Rd. Apt. 2 Jacksonville, FL 32223	⊠ Delete			

ADDITIONS:

11	•	Directors
	•	Director2

Title Name Street Address City-St-Zip	D / R Diane Little 1755 Leon Road Apt. 2622 Jacksonville, FL 32246	Addition
Title Name Street Address City-St-Zip	D Carlene Snead 1857 E. 23rd Street Jacksonville, FL 32206	Addition
Title Name Street Address City-St-Zip	D Andrew Snead 1857 E. 23rd Street Jacksonville, FL 32206	☑ Addition
Title Name Street Address City-St-Zip	D Samuel Williams 4138 Lori Dr. W. Jacksonville, FL 32207	Addition