

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001957

FILED
Jan 30, 2002 8:00 AM
Secretary of State

Entity Name: FOUNTAIN OF FAITH MINISTRIES INC.

Current Principal Place of Business:

15720 NW 37TH CT
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

15720 NW 37TH CT
MIAMI, FL 33054

New Mailing Address:

FEI Number: 31-1771607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKALLY, HENRY C
15720 NW 37TH CT
MIAMI, FL 33054

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: MCKALLY, HENRY
Address: 15720 NW 37TH CT
City-St-Zip: MIAMI, FL 33054

Title: DV () Delete
Name: WILKES, H.C.
Address: 15720 NW 37TH CT
City-St-Zip: MIAMI, FL 33054

Title: DS () Delete
Name: WILKES, LEOLA
Address: 15720 NW 37TH CT
City-St-Zip: MIAMI, FL 33054

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: WILKES, H.C.
Address: 15765 NW 37TH CT
City-St-Zip: MIAMI, FL 33054

Title: DS (X) Change () Addition
Name: MCKALLY, LEOLA
Address: 15720 NW 37TH CT
City-St-Zip: MIAMI, FL 33054

Title: O () Change (X) Addition
Name: JOHNSON, DEBORAH
Address: 1841 N W 88TH TERR
City-St-Zip: MIAMI, FL 33147

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH JOHNSON

O

01/30/2002

Electronic Signature of Signing Officer or Director

Date