

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003034

1. Entity Name

FAITH'S PROMISE HOME FOR CHILDREN, INC.

03-07-2002 90016 019 ****61.25
N01000003034

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -8 AM 11:01

Principal Place of Business

Mailing Address

8816 HUNTSMAN LANE
PORT RICHEY FL 34668

8816 HUNTSMAN LANE
PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3724983

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

BIGELOW, KRINTINE M CPA
6630 EMBASSY BLVD STE B
PORT RICHEY FL 34668

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	DV	☐ Delete
NAME	WICKSTROM, KIMBERLY	
STREET ADDRESS	8816 HUNTSMAN LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	☐ Delete
NAME	FARNHAM, CAROL A	
STREET ADDRESS	8816 HUNTSMAN LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	☐ Delete
NAME	FARNHAM, DONALD J	
STREET ADDRESS	8816 HUNTSMAN LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	☐ Delete
NAME	GILDOW, MARGARET	
STREET ADDRESS	8816 HUNTSMAN LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	☐ Delete
NAME	GILDOW, WILLIAM	
STREET ADDRESS	8816 HUNTSMAN LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	DP	☐ Delete
NAME	DION, DENISE	
STREET ADDRESS	8816 HUNTSMAN LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/02 7278689586

CR2E037 (9/01)