

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-21-2003 90604 044 ****70.00

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004366

1. Entity Name

FAITH, SPIRIT, AND TRUTH, WITH DIVINE POWER, INC



Principal Place of Business

1415 E BAY ST
BARTOW FL 33830

Mailing Address

1415 E BAY ST
BARTOW FL 33830

2. Principal Place of Business

905 E. Martin Luther King Blvd.
Suite, Apt. #, etc.

3. Mailing Address

1415 E. Bay St.
Suite, Apt. #, etc.

City & State

Bartow, FL

City & State

Bartow, FL

Zip

33830

Country

POIK

Zip

33830

Country

POIK

4. FEI Number

01-0570629

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JOHNSON, MATTIE C
1415 E BAY ST
BARTOW FL 33830

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mattie Carter Johnson

Signature, typed or printed name of registered agent and job if applicable

(NOTE: Registered Agent signature required when reinstating)

1/4/03
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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	JOHNSON, MATTIE C	
STREET ADDRESS	1415 E BAY ST	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	MOTHERSILL, SABASTIAN	
STREET ADDRESS	1625 MERRICK RD.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MOTHERSILL, DEBORAH	
STREET ADDRESS	1625 MERRICK RD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	T	<input type="checkbox"/> Delete
NAME	KNIGHT, WALTER JR	
STREET ADDRESS	610 E MYRTLE ST	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KNIGHT, FLORINE	
STREET ADDRESS	610 E MYRTLE ST	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, WILLIE F	
STREET ADDRESS	409 6TH ST W	
CITY-ST-ZIP	LAKELAND FL 33805	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flora J. Wright	
STREET ADDRESS	255 MLK Blvd.	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wette Ekeasias	
STREET ADDRESS	1045 Tee Circle West	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dreydow, Horace	
STREET ADDRESS	113 Beach Drive NW	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mattie Carter Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/03

Daytime Phone #

CP2E037 (10/02)

Attachment

Doc # No1000004366

55009549



INTERNAL REVENUE SERVICE
BROOKHAVEN SERVICE CENTER
PO BOX C S 9003
HOLTSVILLE, NY 11742

FAX Transmission Cover Sheet

Date: 1-15-01

TO: Mattie Carter Johnson

Organization:

FAX Number: 863-968-9637

From: Joann Internal Revenue Service

Fax Number: (631) 447-4991

Number of pages (including this sheet)

ATTENTION

Faith Spirit & truth with

Divine Power Inc

EIN # 01-0570629

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