## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01000006316

City-St-Zip:

TAMPA, FL 33604

Entity Name: HAVE FAITH FAMILY CENTER, INC.

FILED Sep 13, 2002 Secretary of State

•		<b>,</b>			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ARGLADES CHAPEL, FL 3	3543			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ARGLADES CHAPEL, FL 3	3543			
FEI Number	: 59-3730718	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
WESLEY	ARGLADES CHAPEL, FL 3 named entity of Florida.		ourpose of changing its registere	d office or registered agent, or both,	
		nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( JOHNSON, DW 2614 E. YUKOI TAMPA, FL 33	NST.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( JOHNSON, FAI 1316 CLEARG WESLEY CHAI	_ADES	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D ( ) MCNAIR, TANY 8707 N. 26TH S		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: DWAYNE JOHNSON D 09/13/2002