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

## DOCUMENT # N0100007458

1. Entity Name

SPRING OF FAITH MINISTRIES, INCORPORATED



Principal Place of Business 580 HANOVER DRIVE TITUSVILLE FL 32780

Mailing Address

PO BOX 784 TITUSVILLE FL 32781

2. Principal Place of Business	
thindipal Flace of Business	3. Mailing Address
1506 S E ROYAL GREEN CIR	P.O. BOX 8087
Suite, Apt. #, etc.	Cuito Ant III
1 0 0 2	Suite, Apt. #, etc.
<u> D 203</u>	
_City & State	- Cin. 9 Ctata





CHECK HERE IF MAKING CHANGES

STATE COUNTRY STATE STATE COUNTRY STATE COUN	PORT	SAINT LUCIE FI. POR	+ SAINT L	ucié F	-4:-FEI-Number-5	9-3750069		Applied For-
CAMPBELL, LLOYD G S80 HANOVER DRIVE TITUSVILLE FL 32780  City FL Zip Code  City FL Z	Zip	72 St. Lucie 34	ip 1985	Country	E 5. Certificate of S	_	<b>\$8.75</b> A Fee Requ	Additional
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Current Register	red Agent		7. Name and Add	iress of New Registere	d Agent	
Signature    City   FL   Zip Code	CAMPDE	II HOVD C		Name				
City FL Zip Code  3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Proposed frame of registered agent and stell applicable   (NOTE: Registered Agent agent required enter required enter.   DATE      Clampe				Street Ac	dress (P.O. Box Number is I	Not Acceptable)		
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 registered agent, or both, in the State of Florida. I am familiar with, and accept signature registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept signature registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept signature registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent registered agent, or both, in the State of Florida. I am familiar with, an				<del></del>		<u> </u>		
A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hyped or printed name of registered agent and life if applicable.   (NOTE Registered Agent storature required when reinstating)   DATE		EE 1 E 02700		i				
3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  ### Signature System or printed name of registered agent and life if applicable.  ### FILE NOW: FEE IS \$61.25  ### Signature System or printed name of registered agent and life if applicable.  ### FILE NOW: FEE IS \$61.25  ### Signature System or printed name of registered agent and life if applicable.  ### OFFICERS AND DIRECTORS  ### TITUS WILLE FL 32780  ### DECEMBER ADDRESS  ### OCOKE, ESTHER M  ### ALPINE LANE  ### CAVALERA, ROBYN  ### CAVALERA, ROBYN  ### CAVALERA, ROBYN  ### TITUSVILLE FL 32796  ### TITUSVILLE FL 32796  ### DECEMBER ADDRESS  ### DECEMBER AD				City			Zip Cc	de
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE, Registered Agent sign-eaure required when reinstating)   DATE	8. The above	e named entity submits this statement for the pur	pose of changing its	registered office or r	registered agent or both in	the Ctate of Florida		
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FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.								
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.	SIGNATURE			······································				
Trust Fund Contribution. Added to Fees  Florida Department of State  O. OFFICERS AND DIRECTORS		Signature, typed or printed name of registered agent and title if ap	plicable. (NOTE:	Registered Agent signature	a required when reinstating)	DATE		
Trust Fund Contribution. Added to Fees  Florida Department of State  O. OFFICERS AND DIRECTORS		-		<u>-</u>				<del></del>
O. OFFICERS AND DIRECTORS  II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  CAMPBELL, LLOYD G REET ADDRESS S80 HANOVER DRIVE TITUSVILLE FL 32780  TITUSVILLE FL 32780  COKE, ESTHER M REET ADDRESS TITUSVILLE FL 32780  CAVALERA, ROBYN REET ADDRESS PO Delete REET ADDRESS REET	ı	FILE NOW: FEE IS \$61.25	9. Election Cam	paign Financing	_ \$5.00 мау Ве	Make Ched	k Payable	e to
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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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Elected effect as if made under oath; that I am an officer or director	2. I hereby ce	ertify that the information supplied with this filing o	loes not qualify for the		in Section 118 07/0V/N 51 1	de Otal I		

Florida Statutes; and that my name appears in Block 10 or Block 11 if

**SIGNATURE:** 

<u>1-917-3418</u>