

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007758

1. Entity Name

FAITH HOMES, INCORPORATED

Principal Place of Business

4565 ALPINE LANE
TITUSVILLE FL 32780

Mailing Address

P.O. BOX 6653
TITUSVILLE FL 32782-6653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3752473

Applied For

Not Applicable

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

COOKE, ESTHER M
4565 ALPINE LANE
TITUSVILLE FL 32780

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 D ☐ Delete
NAME COOKE, ESTHER M
STREET ADDRESS 4565 ALPINE LANE
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE D ☐ Delete
NAME CAMPBELL, LLOYD
STREET ADDRESS 580 HANOVER DR.
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE D ☐ Delete
NAME WARREN, CAROL
STREET ADDRESS 2775 PINERIDGE DR.
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE D ☐ Delete
NAME KIMREY, KAREN
STREET ADDRESS 4004 HOLDER PARK DR.
CITY-ST-ZIP MIMS FL 32754

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

TITLE D ☐ Delete
NAME NOBLES, MARLENE
STREET ADDRESS 124 MCNERLA DR.
CITY-ST-ZIP TITUSVILLE FL 32796

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

TITLE ☐ Delete
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90784 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

MAR 4th 02