

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90140 028 ****61.25

DOCUMENT # NO1000007758

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D COOKE, ESTHER M 4565 ALPINE LANE TITUSVILLE FL 32780	<input type="checkbox"/>		<input type="checkbox"/>
D CAMPBELL, LLOYD 580 HANOVER DR. TITUSVILLE FL 32780	<input type="checkbox"/>		<input type="checkbox"/>
D WARREN, CAROL 2775 PINERIDGE DR. TITUSVILLE FL 32780	<input type="checkbox"/>		<input type="checkbox"/>
D KIMREY, KAREN 4004 HOLDER PARK DR. MIMS FL 32754	<input type="checkbox"/>		<input type="checkbox"/>
D NOBLES, MARLENE 124 MCNERLA DR. TITUSVILLE FL 32796	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 REQUIRED**

March 8th *OS*

CR2E037 (10/02)