

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008884

1. Entity Name

FAITH BIBLE CHURCH OF FLAGLER COUNTY, INC.

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90030 012 ****70.00

Principal Place of Business

Mailing Address

22 EAGLE HARBOR TRAIL
PALM COAST FL 32164

22 EAGLE HARBOR TRAIL
PALM COAST FL 32164

2. Principal Place of Business

3. Mailing Address

FAITH BIBLE CHURCH OF FLAGLER COUNTY, INC.
Suite, Apt. #, etc.

22 EAGLE HARBOR TRAIL
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PALM COAST FLA
32164
U.S. OF A.

4. FEI Number

01-0580366 (EIN)

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACIFICO, VINCENT
22 EAGLE HARBOR TRAIL
PALM COAST FL 32164

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

CR2E037 (9/01)