

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90116 010 ****70.00

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1. Entity Name

THE HOUSE OF FAITH BUILT ON THE WORD OF GOD, INC



Principal Place of Business

**608 MILLS ST.
GREEN COVE SPRINGS FL 32043**

Mailing Address

**724 CYPRESS ST.
GREEN COVE SPRINGS FL 32043**

2. Principal Place of Business

608 Mills Street

3. Mailing Address

724 cypress st

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Green Cove Springs, FL.

City & State

Green Cove Springs, FL.

4. FEI Number

59-3745348

Applied For

Not Applicable

Zip

32043

Country

FLA

Zip

32043

Country

FLA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLSON, LARRY D
724 CYPRESS ST.
GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

Name *Larry D. Colson*

Street Address (P.O. Box Number is Not Acceptable)

724 cypress street

Green Cove Springs

City

FL

Zip Code

32043

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

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

TITLE ☐ Delete
NAME **D COLSON, LARRY D**
STREET ADDRESS **608 MILLS ST.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Delete
NAME **D FRANCIOS, JEAN**
STREET ADDRESS **608 MILLS ST.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Delete
NAME **D HOWARD, JOHNNIE**
STREET ADDRESS **608 MILLS ST.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Delete
NAME **D COLSON, SHELIA D**
STREET ADDRESS **608 MILLS ST.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Delete
NAME **D FRANCIOS, MARY A**
STREET ADDRESS **608 MILLS ST.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

CR2E037 (10/02)