

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

FILED
Sep 05, 2003 8:00 am
Secretary of State

DOCUMENT # N02000004057

1. Entity Name

FULL FAITH, INC.



Principal Place of Business

4741 PILGRAM WAY
ORLANDO FL 32808

Mailing Address

4741 PILGRAM WAY
ORLANDO FL 32808

2. Principal Place of Business

4100 E. Dijen Dr.

3. Mailing Address

4100 E. Dijen Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Orlando, Fla. 32808

City & State

Orlando, Fla. 32808

4. FEI Number

030454254

☒ Applied For

Not Applicable

Zip

32808

Country

America

Zip

32808

Country

America

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, KIMBERLY
4741 PILGRAM WAY
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name: WRIGHT Kimberly
Street Address (P.O. Box Number is Not Acceptable)
4100 E. Dijen Dr.
Orlando, Fla.
City: Orlando, Fla. FL Zip Code: 32808

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
After September 10, 2003, min will be \$236.25

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	P	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, KIMBERLY	
STREET ADDRESS	4741 PILGRAM WAY	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	V	<input type="checkbox"/> Delete
NAME	EVERSON, JOSEPHINE	
STREET ADDRESS	4100 E DIJON DR	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	T	<input type="checkbox"/> Delete
NAME	WRIGHT, MATALICE	
STREET ADDRESS	4100 E DIJON DR	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARPER, SENNIE	
STREET ADDRESS	1106 PENN ST	
CITY-ST-ZIP	LEESBURG FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, LORI	
STREET ADDRESS	2806 WOODBRIDGE LN	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERRE, ANNETTE	
STREET ADDRESS	6511 SW 26 ST	
CITY-ST-ZIP	MIRAMAR FL 33023	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, Kimberly	
STREET ADDRESS	4100 E. Dijen Dr.	
CITY-ST-ZIP	Orlando, Florida 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E037 (4/03)

0004707