

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

02-24-2003 90191 025 ****61.25

DOCUMENT # N02000008033

1. Entity Name
FAITHFUL MINISTRIES, INC.



Principal Place of Business
**5563 MARTINEZ DR
JACKSONVILLE FL 32210**

Mailing Address
**P.O. BOX 7147
JACKSONVILLE FL 32238**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. EEI Number
522382373

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

**HUFF, GRAYDON L
5563 MARTINEZ DR
JACKSONVILLE FL 32210**

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 reincorporating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Sharon EODENFIELD P.O. BOX 7147 JAX FLA 32238 OR 1915 Shannon L.C. Middlebury, FLA 32238	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DELL EODENFIELD Same as above	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President G.L. Huff Sr P.O. Box 7147 JAX FLA, 32238	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Barbara C. Huff P.O. Box 7147 JAX FLA, 32238	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 an other like empowered.

SIGNATURE:

Graydon L. Huff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 8, 2003
Date

777-6176
Daytime Phone #

CR2E037 (10/02)