

1-03 **NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NO5134

1. Entity Name

Faith United Christian Church,
Inc.

FILED

03 JAN -2 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2411 N. Armenia Av. 2411 N. Armenia Av.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2547214

Applied For

Not Applicable

Zip

Country

33607

U.S.A.

Zip

Country

33607

U.S.A.

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ray, Donald Johnson

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

1321 W. Cypress St.

City

Tampa

FL

Zip Code

33606

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE (P) Pastor
NAME Ray, Donald Johnson
STREET ADDRESS 1321 W. Cypress St.
CITY-ST-ZIP Tampa, FL 33606

TITLE
NAME
STREET ADDRESS 400009993304
CITY-ST-ZIP 01/09/03--01055--006 **131.25

TITLE (T) (D)
NAME Gary Givens, Sr.
STREET ADDRESS 4307 S. Laurel St.
CITY-ST-ZIP Tampa, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE (T) (D)
NAME Shirley M. Martin
STREET ADDRESS 819 Scenic Heights Dr.
CITY-ST-ZIP Brandon, FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE (T) (D)
NAME Nellie M. Balloon
STREET ADDRESS 4110 W. Cypress St.
CITY-ST-ZIP Tampa, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ray Donald Johnson

2/1/2