

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26028

1. Entity Name

FAITH CATHEDRAL CHRISTIAN CENTER INTERNATIONAL,

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90314 005 ****70.00

Principal Place of Business

OSWALD REC. CTR.
3541 NW 18TH PLACE
FT. LAUDERDALE FL 33311

Mailing Address

OSWALD REC. CTR.
3541 NW 18TH PLACE
FT. LAUDERDALE FL 33311-4247

2. Principal Place of Business

Douglas Center
Suite, Apt. #, etc.
8445 164th Av
City & State
Wabasso FL
Zip
32967

3. Mailing Address

P.O. box 1122
Suite, Apt. #, etc.
City & State
Fellsmere FL
Zip
32948



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0288764

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOMBS, KENNETH
3541 NW 18TH PLACE
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCOMBS, KENNETH	
STREET ADDRESS	3541 NW 18TH PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLUE, LEE E.	
STREET ADDRESS	2051 NW 43RD TER. #102	
CITY-ST-ZIP	LAUDERHILL FL 33312	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	BLUE, LINDA	
STREET ADDRESS	2051 NW 43RD TER. #102	
CITY-ST-ZIP	LAUDERHILL FL 33312	
TITLE	MD	<input type="checkbox"/> Delete
NAME	MCCOMBS, LEDORA	
STREET ADDRESS	3541 NW 18TH PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, WALTER	
STREET ADDRESS	3551 N.W. 18TH PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1229 Schumann Dr.	
STREET ADDRESS	Sebastian FL 32958	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCombs, Kenya	
STREET ADDRESS	12936 100th Lane	
CITY-ST-ZIP	Fellsmere FL 32948	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCombs, Shamika	
STREET ADDRESS	1229 Schumann Dr.	
CITY-ST-ZIP	Sebastian FL 32958	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1229 Schumann Dr	
STREET ADDRESS	Sebastian FL 32958	
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)(l), 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: Kenneth McCombs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)