2001 UNIFORM BUSINESS REPORT (UBR)

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* 5.

FILED
Jun 02, 2001 8:00 am
Secretary of State
05-03-2001 90342 001 ****61.25
05-03-2001 90342 002 *****8.75

DOCUMENT # N26028

47700

DO NOT WRITE IN THIS SPACE

1. Entity Name

FAITH CATHEDRAL CHRISTIAN CENTER INTERNATIONAL,

Principal Place of Business	Mailing Address
DOUGLAS CENTER 9445 -64TH AVE WABASSA FL 32967	P O BOX 1122 FELLSMERE FL 32948

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0288764 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCOMBS, KENNETH 3541 NW 18TH PLACE FT. LAUDERDALE FL 33311	Name: MCCOMBS, KENNETH Street Address (P.O. Box Number is Not Acceptable): 1229 SCHUMANN Dr City: SEBASTIAN FL Zip Code 32958

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCOMBS, KENNETH 1229 SCHUMANN DR. SEBASTIAN FL 32958	[X] Delete	PASTOR MCCOMBS KENNETH D 1229 SCHUMANN DR SEBASTIAN FL 32958	[X] Change	[ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BLUE, LEE E. 2051 NW 43RD TER. #102 LAUDERHILL FL 33312	[X] Delete		[ ] Change	[ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT BLUE, LINDA 2051 NW 43RD TER. #102 LAUDERHILL FL 33312	[X] Delete	TREASURER BLUE-LINDA (DT) 148 MABRY ST SEBASTIAN FL 32958	[X] Change	[ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD MCCOMBS, LEDORA 1229 SCHUMANN DR. SEBASTIAN FL 32958	[X] Delete	CO,PASTOR MCCOMBS LEDORA (D) 1229 SCHUMANN DR SEBASTIAN FL 32958	[X] Change	[ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, WALTER 3551 N.W. 18TH PLACE FT. LAUDERDALE FL 33311	[X] Delete	ASST, SECRETARY MCCOMBS SHAMEKA (T) 1229 SCHUMANN DR SEBASTIAN FL 32958	[ ] Change	[X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCOMBS, KENYATTA 1229 SCHUMANN DR. SEBASTIAN FL 32958	[X] Delete	SECRETARY MCCOMBS KENYATTA (T) 1229 SCHUMANN DR SCHUMANN FL 32958	[X] Change	[ ] Addition

CR2E037 (10/00)

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 Kenneth McCombs PASTOR KENNETH McCombs 4/24/01 561-589-7486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #