

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

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

05-05-2003 91158 037 *****70.00

DOCUMENT # N26028

1. Entity Name

FAITH CATHEDRAL CHRISTIAN CENTER INTERNATIONAL, INC.



Principal Place of Business

**DOUGLAS CENTER
8445 64TH AVE
WABASSA FL 32967**

Mailing Address

**P O BOX 1122
FELLSMERE FL 32948**

11041363



2. Principal Place of Business

8835 64 AVE

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

WABASSO FL

City & State

4. FEI Number **65-0288764**

☒ Applied For

☐ Not Applicable

Zip

32967

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCOMBS, KENNETH
1229 SCHUMANN DR
SEBASTIAN FL 32958**

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. 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

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 **PD** ☐ Delete
NAME **MCCOMBS, KENNETH**
STREET ADDRESS **1229 SCHUMANN DR.**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **DT** ☒ Delete
NAME **BLOE, LINDA**
STREET ADDRESS **148 MABRY ST**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **CPD** ☐ Delete
NAME **MCCOMBS, LE DORA**
STREET ADDRESS **1229 SCHUMANN DR**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **AST** ☐ Delete
NAME **MCCOMBS, SHAMEKA**
STREET ADDRESS **1229 SCHUMANN DR.**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **ST** ☐ Delete
NAME **MCCOMBS, KENYATTA**
STREET ADDRESS **1229 SCHUMANN DR**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **D** ☐ Delete
NAME **MCCOMBS, KENYATTA**
STREET ADDRESS **1229 SCHUMANN DR.**
CITY-ST-ZIP **SEBASTIAN FL 32958**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Kenneth McCombs**

4-2803 772-589-7986

CR2E037 (10/02)