

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26736

1. Entity Name

FAITH COUNSELING CENTER, INC.

Principal Place of Business

211 DELTA COURT
TALLAHASSEE FL 32303
US

Mailing Address

P O BOX 3923
211 DELTA CT
TALLAHASSEE FL 32315
US

2. Principal Place of Business

above

3. Mailing Address

above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2899120

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32315

Country

USA

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

LUTZ, ROBERT R PH D
211 DELTA COURT
P O BOX 3923
TALLAHASSEE FL 32315

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

8-1-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 ~~RD~~ ☒ Delete
NAME ~~CAMP, ANN~~
STREET ADDRESS ~~2307 ELLICOTT DR~~
CITY-ST-ZIP ~~TALLAHASSEE FL~~

TITLE ~~RD~~ ☒ Change ☐ Addition
NAME ~~BEVIS, ROCKY~~
STREET ADDRESS ~~2710 N. Monroe St.~~
CITY-ST-ZIP ~~TALLAHASSEE, FL 32303~~

TITLE ~~SD~~ ☒ Delete
NAME ~~LOTSPEICH, RICHARD A.~~
STREET ADDRESS ~~1708 EVENING BREEZE LANE~~
CITY-ST-ZIP ~~TALLAHASSEE FL~~

TITLE ~~SEC D~~ ☒ Change ☐ Addition
NAME ~~ANN MILLER~~
STREET ADDRESS ~~2055 THOMASVILLE RD. B-101~~
CITY-ST-ZIP ~~TALLAHASSEE, FL 32312~~

TITLE ~~TD~~ ☒ Delete
NAME ~~EVANS, ANN~~
STREET ADDRESS ~~MAGNOLIA & MICCOSUKEE RD.~~
CITY-ST-ZIP ~~TALLAHASSEE FL~~

TITLE ~~Treas.~~ ☒ Change ☐ Addition
NAME ~~The Rev. Charles Bennett~~
STREET ADDRESS ~~P.O. Box 33~~
CITY-ST-ZIP ~~Thomasville, GA 31799~~

TITLE ~~ED~~ ☐ Delete
NAME ~~LUTZ, ROBERT R PH D~~
STREET ADDRESS ~~2131 N MERIDIAN RD APT 218~~
CITY-ST-ZIP ~~TALLAHASSEE FL~~

TITLE ~~Vice Pres~~ ☒ Change ☐ Addition
NAME ~~Sylvia White~~
STREET ADDRESS ~~P.O. Box 900~~
CITY-ST-ZIP ~~Tallahassee, FL 32302~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~RR~~ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600003415606--1
-10/05/00-01102-023
*****61.25 *****61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00 386-1560

Date

Daytime Phone #

CR2E037 (5/00)