

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

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90057 044 \*\*\*\*\*70.00

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2899120**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WATKINS, MARGIE C  
211 DELTA COURT  
P O BOX 3923  
TALLAHASSEE FL 32315

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**  
**After September 10, 2003, min will be \$236.25**

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  
NAME BEVIS, ROCKY  
STREET ADDRESS 2710 N. MONROE ST  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ Delete

TITLE SD  
NAME JOHNSON, EMORY  
STREET ADDRESS 501 LOTHIAN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE T  
NAME BENNETT, CHARLES REV.  
STREET ADDRESS P.O. BOX 33  
CITY-ST-ZIP THOMASVILLE GA 31799 ☐ Delete

TITLE AD  
NAME WATKINS, MARGIE C  
STREET ADDRESS 211 DELTA COURT  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE VP  
NAME WHITE, SYLVIA  
STREET ADDRESS P.O. BOX 900  
CITY-ST-ZIP TALLAHASSEE FL 32302 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD CLARA JANE Smith ☐ Change ☒ Addition  
NAME  
STREET ADDRESS P.O. BOX 3923  
CITY-ST-ZIP TALLAHASSEE, FL 32315

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 3923  
CITY-ST-ZIP Tallahassee, FL 32315

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

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

TITLE VP Michael Shockey ☐ Change ☒ Addition  
NAME  
STREET ADDRESS P.O. BOX 3923  
CITY-ST-ZIP TALLAHASSEE, FL 32315

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: *Margie C. Watkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARGIE C. WATKINS

9-5-03 386-1560

CR2E037 (4/03)