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

DOCUMENT # N28246

1. Entity Name
Faith Memorial Church, INC.

FILED
02 JUL -8 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/24/02 91348 038 $61.25

2. Principal Place of Business	3. Mailing Address
2817 Seminole Trail	100 So. Dixie Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Leesburg, Fl.	City & State: Hallendale, Fl.
Zip: 34748 Country: USA	Zip: 33009 Country: USA

4. FEI Number: 59-2960633 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Rev. D.L. Potter
Street Address (P.O. Box Number is Not Acceptable): 100 So. Dixie Hwy.
City: Hallendale, FL Zip Code: 33009

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: Rev. D.L. Potter 7-3-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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: P/C NAME: Potter, David L. STREET ADDRESS: 100 So. Dixie Hwy. CITY-ST-ZIP: Hallendale, Fl. 33009	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Christian, Constance STREET ADDRESS: 10941 Andrews St CITY-ST-ZIP: Leesburg, Fl. 34788	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Smosely, Chrp J. STREET ADDRESS: 201 So. Lake St. CITY-ST-ZIP: Leesburg, Fl. 34748	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. D.L. Potter Rev. D.L. Potter 5-1-02 (954) 456-7715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #