

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N40777**

1. Entity Name

FAITH BAPTIST FELLOWSHIP, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90041 031 ****61.25

Principal Place of Business

**1650 CLYDESDALE DR.
LOXAHATCHEE FL 33470**

Mailing Address

**1650 CLYDESDALE DR.
LOXAHATCHEE FL 33470-3912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0229071

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**OLIPHANT, MILTON DIX
1650 CLYDESDALE RD.
LOXAHATCHEE FL 33470**

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**TD
OLIPHANT, MILTON DIX
1650 CLYDESDALE DR.
LOXAHATCHEE FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TD
LOPEZ, ANGEL
10170 RHYTHM CIRCLE
ROYAL PALM BCH. FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TD
MCCANDLESS, ROBERT
16703 WILTSHIRE DR
LOXAHATCHEE FL 33470**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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

Date

Daytime Phone #