

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41454

1. Entity Name

FAITH MISSION, INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90037 029 \*\*\*\*61.25

Principal Place of Business

250 NORTH GULF BLVD.  
CRYSTAL BEACH FL 34681

Mailing Address

250 NORTH GULF BLVD.  
CRYSTAL BEACH FL 34681

2. Principal Place of Business

3. Mailing Address

4412 ALLIGATOR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW PORT RICHEY

4. FEI Number

59-0774179

Applied For

Not Applicable

Zip

Country

Zip

Country

34653

PASCO

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

TOUCHTON, JERRY D  
4412 ALLIGATOR DR  
NEW PORT RICHER FL 34683

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

**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  
STD  
TOUCHTON, JERRY D  
4412 ALLIGATOR DRIVE  
NEW PORT RICHEY FL 34653 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
TOUCHTON, JERRY D.  
4412 ALLIGATOR DRIVE  
NEW PORT RICHEY FL 34653 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BREDEMEIER, C.W.A.  
P.O. BOX 524 N/A  
CRYSTAL BEACH FL 34681 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
CURTIS, ROBERT  
668 SAMANTHA DRIVE  
PALM HARBOR FL 34683 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FULLER, RICHARD  
3770 W. PORCUPINE LN.  
DUNNELLON FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
FORD, JON  
P.O. Box 524  
CRYSTAL BEACH FL 34681 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FULLER, HELEN  
3770 W. PORCUPINE LANE  
DUNNELLON FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STOKES, ARTHUR  
P.O. Box 234  
ROUND TOP TX 78954 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HUFFMAN, BETTY EARL  
3024 GREENLEAF ST  
ALLEN TOWN PA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HUFFMAN, DONALD  
3024 GREENLEAF STREET  
ALLEN TOWN PA 18104 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MARKERT, E.L., JR  
4025 HARBOR HILLS RD.  
CHATTANOOGA TN ☐ Delete

TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-00

727-942-5035

Date

Daytime Phone #

CR2E037 (9/99)