

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47757

1. Entity Name

THE FAITH WESLEYAN CHURCH, INC.

Principal Place of Business

582 PLANTATION DRIVE
MIDDLEBURG FL 32068-6867

Mailing Address

582 PLANTATION DRIVE
MIDDLEBURG FL 32068-6867

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 59-3024921

Applied For

Not Applicable

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

LAMB, CAREY E.
2248 CARNES STREET
ORANGE PARK FL 32073

Name

THYER, ROBERT D.

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

2307 KILKENNY CT.

City

MIDDLEBURG, FL.

FL

Zip Code

32068

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

ROBERT D. THYER

Signature, typed or printed name of registered agent and title if applicable

Robert D. Thyer

(NOTE: Registered Agent signature required when re-registering)

2-2-00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LUNDY, JAMES	
STREET ADDRESS	1182 SURREY GLEN ROAD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, RONALD	
STREET ADDRESS	1731 HOWARD COURT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	JD	<input type="checkbox"/> Delete
NAME	JOHNSON, GAIL	
STREET ADDRESS	1731 HOWARD COURT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	POTEAT, GARY	
STREET ADDRESS	P.O. BOX 1618 N/A	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	P	<input type="checkbox"/> Delete
NAME	WIGGS, RODGER	
STREET ADDRESS	2716 DENNIS DR.	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

RODGER WIGGS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

(904) 278-8558

Daytime Phone #

CR2E037 (9/99)