

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49194

1. Entity Name

FAITH BAPTIST FELLOWSHIP OF ATLANTIC BEACH, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90150 020 ****61.25

Principal Place of Business

739 BRAZALE LANE
ATLANTIC BEACH FL 32233
US

Mailing Address

739 BRAZALE LANE
ATLANTIC BEACH FL 32233
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ATLANTIC Beach FL

City & State

ATLANTIC Beach. FLA

Zip

Country

32233

USA

Zip

Country

32233

USA

4. FEI Number

59-3125965

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

~~ABREU, SAMUEL~~
~~1166 MAKUA AVES~~
~~ATLANTIC BEACH FL 32233~~

DELETE

MILDRED V. STEEN

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

2073 MAYPORT RD.

City

ATLANTIC Beach. FLA

FL

Zip Code

32233

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. W. George Highsmith

REV. W. G. HIGHSMITH

7-24-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 D
NAME HIGHSMITH, JOSEPH ☐ Delete
STREET ADDRESS 1410 BEACH BLVD #37
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE
NAME HIGHSMITH, JOSEPH ☐ Change ☒ Addition
STREET ADDRESS 1410 Beach Blvd #37
CITY-ST-ZIP Jacksonville Beach FL 32250

TITLE VP
NAME MULLIS, LESTER ☐ Delete
STREET ADDRESS 1611 MAIN ST
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE
NAME MULLIS LESTER ☐ Change ☒ Addition
STREET ADDRESS 1611 Main St
CITY-ST-ZIP ATLANTIC Beach. FLA

TITLE ~~ABREU, SAMUEL~~ ☒ Delete
NAME
STREET ADDRESS 2630 ST. ROAD A1A
CITY-ST-ZIP ATLANTIC BEACH FL

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

TITLE ~~SQUIRES, FREDRICK~~ ☒ Delete
NAME
STREET ADDRESS 1115 SEABARD AVE S
CITY-ST-ZIP ATLANTIC BCH FL 32233

TITLE T
NAME MILDRED V. STEEN ☐ Change ☒ Addition
STREET ADDRESS 2073 MAYPORT RD.
CITY-ST-ZIP ATLANTIC Beach FLA

TITLE P
NAME HIGHSMITH, GEORGE ☐ Delete
STREET ADDRESS 2073 MAYPORT RD
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE
NAME REV. W. G. HIGHSMITH ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HIGHSMITH, W. GEORGE ☐ Delete
STREET ADDRESS 2073 MAYPORT ROAD
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE
NAME REV. W. G. HIGHSMITH ☐ Change ☒ Addition
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:

Rev. W. George Highsmith

7-24-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)