

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000103

1. Entity Name

FAITH BAPTIST CHURCH OF POLK COUNTY, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90178 050 ****61.25

Principal Place of Business	Mailing Address
P.O. BOX 564 LAKE ALFRED FL 33850	P.O. BOX 564 LAKE ALFRED FL 33850-0564



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 365 Terrace Ave W	3. Mailing Address P.O. Box 564
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Lake Alfred, FL	City & State Lake Alfred, FL
Zip 33850	Country (POLK) USA

4. FEI Number 59-3289676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NELL HOWELL 511 ORANGE ST AUBURNDALE FL 33823

7. Name and Address of New Registered Agent
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 *James Hodge*
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	-----------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODGE, JAMES 415 JOSH REYNOLDS RD. LAKELAND FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HUGHES, ROBERT 1102 ARIANA BLVD AUBURNDALE FL 33823 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DANIEL, JAMES 1101 SPRING CT AUBURNDALE FL 33823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NELL HOWELL 511 ORANGE ST AUBURNDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Faye Freeman <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11st Winteedale Dr S. Winter Haven, FL 33881 See! Clear!
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Faye Freeman* *1/25-2000* *863.956-2720*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)