

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90139 045 \*\*\*\*61.25

**DOCUMENT # N95000000103**

1. Entity Name

**FAITH BAPTIST CHURCH OF POLK COUNTY, INC.**

Principal Place of Business

**365 TERRACE AVE W  
 LAKE ALFRED FL 33850**

Mailing Address

**P.O. BOX 564  
 LAKE ALFRED FL 33850**

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

**59-3289676**

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

**NELL HOWELL  
 511 ORANGE ST  
 AUBURNDALE FL 33823**

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

*Nell Howell*

*Nell Howell*

*2-14-01*

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 **PD** ☐ Delete  
 NAME **HODGE, JAMES**  
 STREET ADDRESS **415 JOSH REYNOLDS RD.**  
 CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE **TR** ☒ Delete  
 NAME **FREEMAN, FAYE**  
 STREET ADDRESS **115 WINTERDALE DR S**  
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☒ Change ☐ Addition  
 NAME **HOUSTON PARMER**  
 STREET ADDRESS **602 PINE ST.**  
 CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **TR** ☒ Delete  
 NAME **DANIEL, JAMES**  
 STREET ADDRESS **1101 SPRING CT**  
 CITY-ST-ZIP **AUBURNDALE FL 33823**

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

TITLE **T** ☐ Delete  
 NAME **NELL HOWELL**  
 STREET ADDRESS **511 ORANGE ST**  
 CITY-ST-ZIP **AUBURNDALE FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*James Hodge*

*2-14-01*

*863-665-0719*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR#E037 (10/00)