

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003685

1. Entity Name

FAITH CHURCH-OF GOD IN CHRIST INC.

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90009 043 ****70.00

Principal Place of Business

3805 53RD ST
TAMPA FL 33619
US

Mailing Address

C/O MARION QUARTERMAN
3802 55 ST.
TAMPA FL 33619

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

59-3362454

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

QUARTERMAN, MARION
3802 55 ST.
TAMPA FL 33619

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 D/T ☐ Delete
NAME QUARTERMAN, MARION
STREET ADDRESS 3802 55 ST.
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition
NAME D-T MARION QUARTERMAN CRAWFORD
STREET ADDRESS 3802 55th ST TAMPA FL 33619
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ROOSEVELT, CRAWFORD
STREET ADDRESS 3711 E. NORTH BAY
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☒ Addition
NAME Willie Clarence Palmore
STREET ADDRESS 3802 55th ST
CITY-ST-ZIP TAMPA FL 33619

TITLE S ☐ Delete
NAME QUARTERMAN, JOHNN,
STREET ADDRESS 3201 DERAY DR
CITY-ST-ZIP TAMPA FL 33610

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

TITLE T ☐ Delete
NAME QUARTERMAN, BETHA M
STREET ADDRESS 211 E. START FORD ST.
CITY-ST-ZIP TAMPA 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)