

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-09-2003 90097 038 *****70.00

DOCUMENT # N95000003685

1. Entity Name

FAITH CHURCH OF GOD IN CHRIST INC.



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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **PALMORE, WILLIE C**
CITY-ST-ZIP **3802 55TH ST.
TAMPA FL 33619**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)