

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001982

1. Entity Name

FAITH THEATRE, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90058 012 ****61.25

Principal Place of Business

8061 MERIDALE DR.
TALLAHASSEE FL 32311
US

Mailing Address

P.O. BOX 4057
TALLAHASSEE FL 32315-4057

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

59-3272323

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

CHALUS, CHERYL
8061 MERIDALE DR.
TALLAHASSEE FL 32301

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 NAME ☐ Delete
MDP
CHALUS, CHERYL
STREET ADDRESS 8061 MERIDALE DR
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE NAME ☐ Delete
VD
SHAFFER, TAMILYNN
STREET ADDRESS 2407 TUPELO TERRACE
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE NAME ☐ Delete
SD
STONE, LINDA
STREET ADDRESS 1948 RAINVALLEY CT.
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE NAME ☐ Delete
TD
WOOD, AUDREY
STREET ADDRESS 510 WEST EIGHTH AVE.
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Audrey C. Wood 5/7/00 (850) 531-0066 #158

CR2E037 (9/99)