

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 03, 2001 8:00 am
Secretary of State**

02-03-2001 90069 002 ****61.25

DOCUMENT # N96000001982

1. Entity Name

FAITH THEATRE, INC.

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

1315 N. BRONOUGH ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip
32301Country
US

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

**CHALUS, CHERYL
8061 MERIDALE DR.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

CHERYL SCOTT

Street Address (P.O. Box Number is Not Acceptable)

1315 NORTH BRONOUGH ST.

City

TALLAHASSEE, FL

Zip Code

32301

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

*Cheryl Scott**Cheryl Scott***1-23-01**

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

TITLE	MDP	<input type="checkbox"/> Delete
NAME	CHALUS, CHERYL	
STREET ADDRESS	8061 MERIDALE DR	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHAFFER, TAMILYNN	
STREET ADDRESS	2407 TUPELO TERRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STONE, LINDA	
STREET ADDRESS	1948 RAINVALLEY CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WOOD, AUDREY	
STREET ADDRESS	510 WEST EIGHTH AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERYL SCOTT	
STREET ADDRESS	1315 N. BRONOUGH ST.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN SCOTT	
STREET ADDRESS	1315 N. BRONOUGH ST.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Required)

Date

Daytime Phone #

CR2E037 (10/00)