

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90037 007 \*\*\*\*61.25

**DOCUMENT # N96000001982**

1. Entity Name

**FAITH THEATRE, INC.**

Principal Place of Business

**1315 N BRONOUGH STREET  
 TALLAHASSEE FL 32301  
 US**

Mailing Address

~~P.O. BOX 4057  
 TALLAHASSEE FL 32315-4057~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**1315 N. Bronough St.**

**Tallahassee,**

**Florida**

**32303**

**LEON**



DO NOT WRITE IN THIS SPACE

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

**SCOTT, CHERYL  
 1315 N BRONOUGH STREET  
 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  Delete  
 NAME **MDP**  
**CHALUS, CHERYL**  
 STREET ADDRESS **8061 MERIDALE DR**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE  Change  Addition  
 NAME **MDP**  
**SCOTT, Cheryl**  
 STREET ADDRESS **1315 N. Bronough St**  
 CITY-ST-ZIP **Tallahassee FL**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME **Scott, John**  
 STREET ADDRESS **1315 N. Bronough St.**  
 CITY-ST-ZIP **Tallahassee, FL 32303**

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

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 REQUIRED

**5/1/02 205-1318**

CR2E037 (9/01)