

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004015

1. Entity Name

FAITH MINISTRIES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90040 031 ****61.25

Principal Place of Business

515 WINDSOR STREET
LAKELAND FL 33803

Mailing Address

515 WINDSOR STREET
LAKELAND FL 33803-3848

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

59-3406828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CARRIER, GORDON D
515 WINDSOR STREET
LAKELAND FL 33803

7. Name and Address of New Registered Agent

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

TITLE PT ☐ Delete
NAME CARRIER, GORDON REV
STREET ADDRESS 515 WINDSOR STREET
CITY-ST-ZIP LAKELAND FL

TITLE V ☐ Delete
NAME MURDOCH, JODY
STREET ADDRESS 402 MAGGIE CIRCLE JAN PHYLL VILLAGE
CITY-ST-ZIP WINTER HAVEN FL

TITLE ST ☐ Delete
NAME PARKER, PATRICIA
STREET ADDRESS 1011 SPIRIT LAKE ROAD
CITY-ST-ZIP WINTER HAVEN FL

TITLE TT ☐ Delete
NAME KIEPER, JEAN
STREET ADDRESS 435 MATHEW ST
CITY-ST-ZIP HAINES CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

Rev. Gordon Carrier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/99)