

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004015

1. Entity Name

FAITH MINISTRIES, INC.

Principal Place of Business

515 WINDSOR STREET  
LAKELAND FL 33803

Mailing Address

515 WINDSOR STREET  
LAKELAND FL 33803

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3406828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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	<input type="checkbox"/> Delete
NAME	CARRIER, GORDON REV	
STREET ADDRESS	515 WINDSOR STREET	
CITY-ST-ZIP	LAKELAND FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MURDOCH, JODY	
STREET ADDRESS	402 MAGGIE CIRCLE JAN PHYLL VILLAGE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PARKER, PATRICIA	
STREET ADDRESS	1011 SPIRIT LAKE ROAD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TT	<input type="checkbox"/> Delete
NAME	KIEPER, JEAN	
STREET ADDRESS	435 MATHEW ST	
CITY-ST-ZIP	HAINES CITY FL	
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	<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	<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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

Date

863-686-3746

Daytime Phone #

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90120 028 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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