

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90108 042 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000004255
 1. Entity Name
NOW FAITH-MINISTRIES, INC.

Principal Place of Business Mailing Address
602 MCCLELLAND ST. **P.O. BOX 188**
CRESTVIEW FL 32536 **PAXTON FL 32538-0188**

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 Applied For
59-3431215 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WILLIAMS, NELSON
789 FLOWERSVIEW BLVD
LAUREL HILL FL 32567

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TDP	WILLIAMS, NELSON	789 FLOWERSVIEW BLVD	LAUREL HILLS FL 32567	<input type="checkbox"/>
TDVS	WILLIAMS, LAURETTA	789 FLOWERSVIEW BLVD	LAUREL HILL FL 32567	<input type="checkbox"/>
D	BROWN, LIGAYA	789 FLOWERSVIEW BLVD	LAUREL HILL FL 32567	<input type="checkbox"/>
TDT	WILLIAMS, CLEOLA	774 FLOWERSVIEW BLVD	LAUREL HILL FL 32567	<input type="checkbox"/>
D	BROWN, TAKIESH	789 FLOWERSVIEW BLVD	LAUREL HILL FL 32567	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *Nelson Williams* Date: 4/26/00 Daytime Phone #: (850) 834-5195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 19/99