

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004255

1. Entity Name

NOW FAITH MINISTRIES, INC.

Principal Place of Business

602 MCCLELLAND ST.
CRESTVIEW FL 32536

Mailing Address

P.O. BOX 188
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

59-3431215

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

WILLIAMS, NELSON
789 FLOWERSVIEW BLVD
LAUREL HILL FL 32567

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TDP
WILLIAMS, NELSON
789 FLOWERSVIEW BLVD
LAUREL HILLS FL 32567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS SAMUEL
774 FLOWERSVIEW BLVD
LAUREL HILL FL 32567 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TDVS
WILLIAMS, LAURETTA
789 FLOWERSVIEW BLVD
LAUREL HILL FL 32567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMPBELL TONY
1588 FLOWERS DR
LAUREL HILL FL 32567 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, LIGAYA
789 FLOWERSVIEW BLVD
LAUREL HILL FL 32567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMPBELL SHIRLAN
1588 FLOWERS DR
LAUREL HILL FL 32567 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TDT
WILLIAMS, CLEOLA
774 FLOWERSVIEW BLVD
LAUREL HILL FL 32567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, TAKIESH
789 FLOWERSVIEW BLVD
LAUREL HILL FL 32567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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, REGISTERED AGENT *Nelson Williams* 4-28-01 850/834-5195

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90210 048 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)