

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005295

1. Entity Name.

SOUTHERN FAITH, INC.

Principal Place of Business

4302 S.W. 3RD STREET
LEHIGH ACRES FL 33971
US

Mailing Address

4302 S.W. 3RD STREET
LEHIGH ACRES FL 33971-2108
US

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

65-0712005

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

MCROY, SHANNON
4302 SW 3RD ST
LEHIGH ACRES FL 33971

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 PSD
NAME MCROY, SHANNON S
STREET ADDRESS 4302 SW THIRD ST
CITY-ST-ZIP LEHIGH ACRES FL 33971 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD
NAME MCROY, RHONDA D
STREET ADDRESS 4302 S.W. 3RD STREET
CITY-ST-ZIP LEHIGH ACRES FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MCRAV, CORRINE
STREET ADDRESS BOX 7310, RTE 1
CITY-ST-ZIP MOORE HAVEN FL 33471 ☐ Delete

TITLE D
NAME McRoy, Corrine ☒ Change ☐ Addition
STREET ADDRESS Box 7310 Rte 1
CITY-ST-ZIP Moore Haven, FL 33471

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

3-29-00

Date

941-369-7336

Daytime Phone #

CR2E037 (9/99)