

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90029 026 \*\*\*\*70.00

**DOCUMENT # N97000003317**

1. Entity Name

**FAITH APOSTOLIC CHURCH PILLAR AND GROUND OF THE TRUTH.**

Principal Place of Business

Mailing Address

**1306 MALABAR RD  
 PALM BAY FL 32909**

**1800 DALROY ST  
 PALM BAY FL 32907-9215**

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

**59-3451718**

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

7. Name and Address of New Registered Agent

**SWABY, CARLTON D  
 1800 DALROY ST  
 PALM BAY FL 32907**

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

*Carlton Swaby*      **3-20-2000**

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWABY, CARLTON	NAME	
STREET ADDRESS	1800 DALROY ST	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, KATHLEEN	NAME	
STREET ADDRESS	1784 NANTON ST	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWABY, CARMEN	NAME	
STREET ADDRESS	1800 DALROY ST	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, VIOLET	NAME	
STREET ADDRESS	1701 RADISSON ST	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	T.D. DEICETA DOWDIE
STREET ADDRESS		STREET ADDRESS	1679 CAPISTIANO AVE.
CITY-ST-ZIP		CITY-ST-ZIP	PALM BAY FL 32907.
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Carlton Swaby*      **3-20-2000**      **321-951-9438**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)