

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004453

1. Entity Name

FAITH IN CHRIST BY GOD, INC.

Principal Place of Business

900 S. CENTRAL AVE  
APOPKA FL 32703

Mailing Address

P. O. BOX 1973  
APOPKA FL 32704-1973

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SIMS, GREGORY C  
1156 S. CENTRAL AVE.  
APOPKA FL 32703

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	T	<input type="checkbox"/> Delete
NAME	SIMS, GREGORY C PASTOR	
STREET ADDRESS	<del>1156 S. CENTRAL AVE</del>	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMS, THOMAS L	
STREET ADDRESS	5108 W. LIVINGSTON ST	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIS, ANDREA	
STREET ADDRESS	512 MARDEN MEADOWS	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMS, MARY	
STREET ADDRESS	5108 WEST LIVINGSTON STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMS, BERTHA	
STREET ADDRESS	<del>1156 S. CENTRAL AVE</del>	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BREEDLOVE, SHELINA E	
STREET ADDRESS	2665 SKAN CT	
CITY-ST-ZIP	ORLANDO FL 32839	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	565 Marden Meadows Dr.	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	565 Marden Meadows Dr.	
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:

*Gregory C. Sims* Gregory C. Sims 3/23/00 814-8515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 27, 2000 8:00 am  
Secretary of State

03-27-2000 90097 031 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3465840

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

CR2E037 (9/99)