

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90155 009 ****61.25

DOCUMENT # N97000004724

1. Entity Name

FAMILIES OF FAITH CHRISTIAN SCHOOL, INC.



Principal Place of Business

**390 CR 315 S
INTERLACHEN FL 32148**

Mailing Address

**P.O. BOX 917
HOLLISTER FL 32147**

2. Principal Place of Business

327 SR 207

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

East Palatka FL

City & State

4. FEI Number **59-3503857**

Applied For

Not Applicable

Zip

32131

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOMONTOWSKI, JOSEPH A
390 CR 315 SOUTH
INTERLACHEN FL 32148**

7. Name and Address of New Registered Agent

Name

Daniel R. Bass

Street Address (P.O. Box Number is Not Acceptable)

327 SR 207

City

Palatka,

FL

Zip Code

32131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Daniel R. Bass

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-16-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOMONTOWSKI, JOSEPH A	
STREET ADDRESS	P.O. BOX 308 N/A	
CITY-ST-ZIP	HOLLISTER FL 32147	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOMONTOWSKI, PENNY L	
STREET ADDRESS	P.O. BOX 308 N/A	
CITY-ST-ZIP	HOLLISTER FL 32147	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JAMES T	
STREET ADDRESS	ROUTE 3 BOX 5700	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EWING, JOHN	
STREET ADDRESS	143 TIMBER LN	
CITY-ST-ZIP	PALATKA FL 32177-8575	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel R. Bass	
STREET ADDRESS	327 SR 207	
CITY-ST-ZIP	East Palatka, FL 32131	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carmen Bass	
STREET ADDRESS	327 SR 207	
CITY-ST-ZIP	East Palatka, FL 32131	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rayford L. Varnes	
STREET ADDRESS	274 CR 207-A	
CITY-ST-ZIP	East Palatka, FL 32131	
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		

CR2037 (10/02)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/03 386-325-0110