

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005228

1. Entity Name

CHRISTIAN FAITH CHURCH, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90200 039 ****70.00

Principal Place of Business

Mailing Address

6557 GULF GATE PLACE
SUITE 176
SARASOTA FL 34209

6557 GULF GATE PLACE
SUITE 176
SARASOTA FL 34231-5841

00032216

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

65-0827473

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

JACKSON, FREDERICK D
955 53RD ST. EAST, APT. 1221
BRADENTON FL 34208

Address
Change

Name

(Same): Frederick A. Jackson

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

1020 Tropical Drive
City Bradenton FL Zip Code 34208

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

Frederick A. Jackson

4-10-00

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	DC JACKSON, FREDERICK D 955 53 ST EAST BRADENTON FL 34208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, ARNDREAL L 9555 53 ST EAST BRADENTON FL 34208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELTZER, RAYMOND 6557 GULF GATE PLACE STE 176 SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELTZER, JEAN 6557 GULF GATE PLACE STE 176 SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, ELAINE 6008 OLIVE AVE SARASOTA FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, SHARON 4438 COCO RIDGE CIRCLE SARASOTA FL 34233	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Notice
Debbie Cox Director
2829 Williamsburg St.
Sarasota Fla. 34241
Directors list
Delete From
Directors list
Delete Debbie Cox
Delete Elaine Sherman

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:

Frederick A. Jackson

4-10-00 (941) 741-8175

Date

Daytime Phone #