

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005228

1. Entity Name

CHRISTIAN FAITH CHURCH, INC.

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90212 044 \*\*\*\*70.00

Principal Place of Business

6557 GULF GATE PLACE  
SUITE 176  
SARASOTA FL 34209

Mailing Address

6557 GULF GATE PLACE  
SUITE 176  
SARASOTA FL 34209

2. Principal Place of Business

*Same*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0827473

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, FREDERICK D  
1020 TROPICAL DR.  
BRADENTON FL 34208

7. Name and Address of New Registered Agent

Name

*Same*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Address: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1020 Tropical Drive</i>
STREET ADDRESS	<i>1020 Tropical Drive</i>
CITY-ST-ZIP	<i>FL 34208</i>
TITLE	Address: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1020 Tropical Drive</i>
STREET ADDRESS	<i>1020 Tropical Drive</i>
CITY-ST-ZIP	<i>FL 34208</i>
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 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: *Frederick D. Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-13-01*

*(941) 741-8175*

CR2E037 (10/00)