2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90298 044 ****61.25

DOCUMENT # N97000006452

1. Entity Name

BRIDE OF CHRIST FAITH FELLOWSHIP TABERNACLE, INC

Principal Place of Business	Mailing Address
3444 VIKKI ROAD CALLAHAN FL 32011	3444 VIKKI ROAD CALLAHAN FL 32011

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1113 old Dixie Hwy Suite, Apt. #, etc.	1113 old Dixie Hwy Suite, Apt. #, etc.
City & State: Callahan Fl	City & State: Callahan Fl
Zip: 32011 Country:	Zip: 32011 Country:

4. FEI Number: 59-3472772 ☐ 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
VICKERS, RICHARD A 3444 VIKKI ROAD CALLAHAN FL 32011	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VICKERS, RICHARD A 3444 VIKKI ROAD CALLAHAN FL 32011	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICKERS, SANDRA E 3444 VIKKI ROAD CALLAHAN FL 32011	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICKERS, CYNTHIA D 4454 THOMAS CREEK RD CALLAHAN FL 32011	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Courtney Warrenseltz 2498 Marlee Rd Callahan Fl 32011	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 Sandra E Vickers 4/12/02 (904)879-4427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #