

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 20, 2002 8:00 am
Secretary of State

05-20-2002 90029 010 ****70.00

DOCUMENT # N98000000979

1. Entity Name

FAITH LINEN SERVICE, INC.

Principal Place of Business

Mailing Address

119 WEST 8TH ST.
JACKSONVILLE FL 32206

119 WEST 8TH ST.
JACKSONVILLE FL 32206

2. Principal Place of Business

3. Mailing Address

8129 Fort Caroline Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

4. FEI Number

59-3585439

Applied For

Not Applicable

Zip

Country

Zip

Country

32277

Duval

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

CRAWFORD, JOHN R
225 WATER ST., STE. 900
JACKSONVILLE FL 32202

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 *Joy S. Anderson, Secy.* Joy S. Anderson

4-29-02

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	D	<input type="checkbox"/> Delete
NAME	SMALLWOOD, BILL R	
STREET ADDRESS	119 WEST 8TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAY, CHARLES S	
STREET ADDRESS	119 WEST 8TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOREY, STAN	
STREET ADDRESS	119 WEST 8TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, JOY S	
STREET ADDRESS	119 WEST 8TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, LILLIAN	
STREET ADDRESS	119 WEST 8TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smallwood, Bill R.	
STREET ADDRESS	8129 Fort Caroline Road	
CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smallwood, Larry	
STREET ADDRESS	4046 Schira Drive	
CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Painter, Dr. Dewey (PhD)	
STREET ADDRESS	7840 Fawn Oaks Court	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anderson, Joy S.	
STREET ADDRESS	8131 Fort Caroline Road	
CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Owens, Terry E.	
STREET ADDRESS	1627 Lakewood Road	
CITY-ST-ZIP	Jacksonville, FL 32207	

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: *Joy S. Anderson, Secy.* Joy S. Anderson 4-29-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #