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

FILED
03 APR 11 AM 10:32
02-17-2003 90404 001 ***140.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000979

1. Entity Name
Faith Linen Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business.	3. Mailing Address	
119 W. 8th Street	Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State: Jacksonville, Fl	City & State: Same	4. FEI Number: 59-3585439 — Applied For / Not Applicable
Zip: 32206 — Country: Duval	Zip: Same — Country:	5. Certificate of Status Desired — XX — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Garcia, Lillian
Street Address (P.O. Box Number is Not Acceptable): 119 W 8th Street
City: Jacksonville FL Zip Code: 32206

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.

Lillian Garcia

SIGNATURE: Lillian Garcia — Executive Director — 2/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
PD Richard Stone 3500 Univ. Blvd.N #1401 Jacksonville, Fl. 32277	
VD Toni Herlihy 8889 Sandusky Ave., S Jacksonville, Fl 32216	
SD Joy Anderson 8183 Ft. Caroline Rd. Jacksonville, Fl 32277	
TD Evelina Wilson P.O.Box 54 Welaka, Fl 32193	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: President — 2/5/03 — (954) 356-1437