

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000001718**

1. Entity Name **Faith Farm, Inc.**

FILED

00 DEC 12 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1500 Sunset Rd. # 4A
Tarpon Springs, FL 34689

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

ac 12/12/00

City & State

City & State

4. FEI Number

☒ 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

7. Name and Address of New Registered Agent

Papas, Faith A.
1500 Sunset Rd. # 4A
Tarpon Springs, FL 34689

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

TITLE **D** **Faith A. PAPAS** ☐ Delete
NAME
STREET ADDRESS **1500 SUNSET Rd., Ste 4A**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **D** **Linda Lee Brown** ☐ Delete
NAME
STREET ADDRESS **1500 SUNSET Rd., Ste 4A**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **D** **Pastor Jerry CHATHAM** ☐ Delete
NAME
STREET ADDRESS **1500 SUNSET Rd., Ste 4A**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

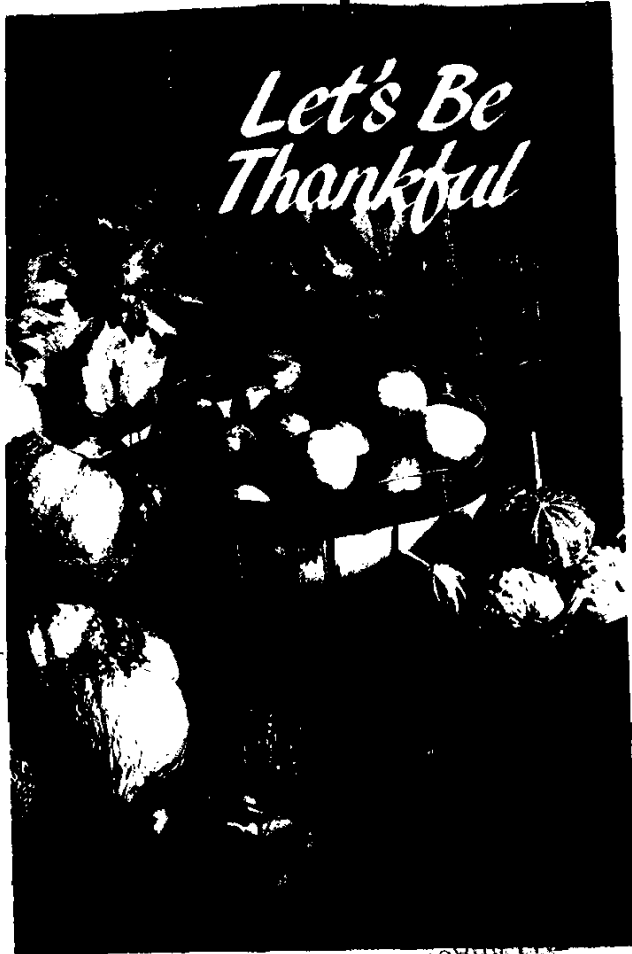
12-7-00

CR2E037 (9/99)

FAITH FARM, INC.

1500 Sunset Rd. #4A
Tarpon Springs, FL,
34689.

For Filing Purposes
-only-



Thank you
Anna


SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00 DEC 12 PM 3:14
FILED

ATTN: Anna Chestnut ③
Personal & Confidential

N98000001718

Please be advised:
In consideration
in not receiving
a uniform business
report annual
report, I am encl.
owed fees for 1999
as well as 2000
to show no breaks
in the nonprofit
business of This Corp.

God Bless you
and yours and His face
shine upon yours.
