2000 UNIFORM BUSINESS REPORT (UBR)

(1)

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	

DO NOT WRITE IN THIS SPACE AC 12/12/00

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☑ 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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME Faith A. Papas STREET ADDRESS 1500 Sunset Rd., Ste4A CITY-ST-ZIP Tarpon Springs, FL 34689		☐ Delete		
TITLE D NAME Linda Lee Brown STREET ADDRESS 1500 Sunset Rd., Ste 4A CITY-ST-ZIP Tarpon Springs, FL 34689		☐ Delete		☐ Change ☐ Addition
TITLE D NAME Pastor Jerry Chatfin STREET ADDRESS 1500 Sunset Rd., Ste4A CITY-ST-ZIP Tarpon Springs, FL 34689		☐ Delete	TITLE NAME 500003497925--7 STREET ADDRESS -12/13/00--01001--004 CITY-ST-ZIP ****122.50 ****122.50	☐ 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 (9/99)

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: _____ 12-7-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATN: Anna Chesnut (2)
Personal & Confidential

FAITH FARM, INC.

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

N98000001718

Please be advized.
For Filing Purposes Only

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.

Thank You
Anna

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TALLAHASSEE, FLORIDA

T.A. Popo