

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003421

1. Entity Name

FAITH INITIATIVE TEAM, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90092 030 ****61.25

Principal Place of Business Mailing Address
348 MIRACLE STRIP PARKWAY SW 348 MIRACLE STRIP PARKWAY SW
PARADISE VILLAGE, SUITE 1 PARADISE VILLAGE, SUITE 1
FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548-5200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

305 Lovejoy Road

P.O. Box 1474

City & State

City & State

Ft. Walton Beach, FL 32548

Ft. Walton Bch, FL 32548

4. FEI Number

59-3510953

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

TERRY, WILLIAM R
363 MIRACLE STRIP PARKWAY SW
FORT WALTON BEACH FL 32548

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 CD ☐ Delete
NAME HOOPER, PATRICIA S
STREET ADDRESS 348 MIRACLE STRIP PARKWAY SW, STE 1
CITY-ST-ZIP FORT WALTON BEACH FL 32548

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

TITLE D ☐ Delete
NAME SAMSON, JONATHAN D
STREET ADDRESS 428 RACETRACK RD NE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

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

TITLE D ☐ Delete
NAME HESTER, JOHN C
STREET ADDRESS 435 BRIDGEWATER COURT
CITY-ST-ZIP MARY ESTHER FL 32569

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

TITLE TD ☐ Delete
NAME ARMSTRONG, LUTHER J
STREET ADDRESS 430 TANGLEWOOD DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

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

TITLE D ☐ Delete
NAME GWYN, JIM
STREET ADDRESS 405 NW OAKLAND CIR
CITY-ST-ZIP FORT WALTON BEACH FL 32548

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

TITLE D ☐ Delete
NAME JAMES, JIMMY JR
STREET ADDRESS 340 N BEAL PARKWAY
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

2/28/00

244-4249

CR2E037 (9/99)