

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000006006**

1. Entity Name

FAITH CLINIC MINISTRIES INC.**FILED**
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90025 046 ****61.25

714205

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**4631 TRADEWIND CIRCLE
PENSACOLA FL 32514****4631 TRADEWIND CIRCLE
PENSACOLA FL 32514-6770**

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

59-3536263

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

**EGBEWOLE, ISAAC REV.
4631 TRADEWIND CIRCLE
PENSACOLA FL 32514**

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	<input type="checkbox"/> Delete
NAME	EGBEWOLE, ISAAC REV.	
STREET ADDRESS	4631 TRADEWIND CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, FRED	
STREET ADDRESS	2075 EAST NINE MILE ROAD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	EGBEWOLE, DIONNE	
STREET ADDRESS	4631 TRADEWIND CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, FRED	
STREET ADDRESS	4631 TRADEWIND CIR	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	ADVISORY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAURICE HARRELL	
STREET ADDRESS	4822 RIDGE WEST DR.	
CITY-ST-ZIP	HOUSTON TX 77053	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

11/31/00 (850)-475-5818

CR2E037 (9/99)