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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
04-13-2001 90041 046 ****61.25

DOCUMENT # N98000006006

1. Entity Name

FAITH CLINIC MINISTRIES INC.

Principal Place of Business	Mailing Address
4631 TRADEWIND CIRCLE PENSACOLA FL 32514	4631 TRADEWIND CIRCLE PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1108 AIRPORT BLVD	P.O. BOX 10428
Suite, Apt. #, etc.: SUITE C.	Suite, Apt. #, etc.
City & State: PENSACOLA FL.	City & State: PENSACOLA
Zip: 32504 Country: USA	Zip: FL 32524 Country: USA.

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 _____ 3/14/01
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	D EGBEWOLE, ISAAC REV. 4631 TRADEWIND CIRCLE PENSACOLA FL 32514 PRESIDENT ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dave Cole (DIRECTOR) ☐ Change ☒ Addition 1817 Hiram Douglasville Hwy Suite 104 Hiram Ga. 30141
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLINS, FRED 2075 EAST NINE MILE ROAD PENSACOLA FL 32514 DIRECTOR ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Donavan Martin SECETARY ☐ Change ☒ Addition 4631 TRADEWIND CIR. PENSACOLA. FL. 32514
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EGBEWOLE, DIONNE 4631 TRADEWIND CIRCLE PENSACOLA FL 32514 DIRECTOR ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A HARRELL, MAURICE 4822 RIDGE WEST DR. HOUSTON TX 77053 DIRECTOR ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dave Cole 1817 Hiram Douglasville Hwy Suite 104 Hiram Ga. 30141 ☐ 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 (10/00)

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 REQUIRED 3/14/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #