

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90078 043 ****61.25

C0034808



DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000007241

1. Entity Name

FAITH BAPTIST CHURCH OF CHARLOTTE COUNTY, INC.

Principal Place of Business

Mailing Address

590 TAMiami TR
 UNIT #2
 PORT CHARLOTTE FL 33953
 US

PO BOX 380216
 MURDOCK FL 33938-0216
 US

2. Principal Place of Business

3. Mailing Address

PO Box 380216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MURDOCK, FL

4. FEI Number

65-0903955

Applied For

Not Applicable

Zip

Country

Zip

Country

33948-0216

USA

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

JAMES, ALLEN
368 KOSTNER STREET
PORT CHARLOTTE FL 33954

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE 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 | DTT | <input type="checkbox"/> Delete |
| NAME | JAMES, ALLEN | |
| STREET ADDRESS | 368 KOSTNER STREET | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33954 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MALCOLM, JOHN | |
| STREET ADDRESS | 407 SAN CARLOS DRIVE | |
| CITY-ST-ZIP | PUNTA GORDA FL 33950 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | BUNTON, THOMAS | |
| STREET ADDRESS | 21232 WYNARD DR | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33954 | |
| TITLE | TR | <input type="checkbox"/> Delete |
| NAME | TAYLOR, SAMUEL | |
| STREET ADDRESS | 2361 BENDIXEN ST | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33953 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | TAYLOR, LINDA | |
| STREET ADDRESS | 2361 BENDIXEN ST | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33953 | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 |
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| 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:

SIGNATURE REQUIRED

Allen R James 3-6-00

1-941-625-3669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)