

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007241

1. Entity Name

FAITH BAPTIST CHURCH OF CHARLOTTE COUNTY, INC.

Principal Place of Business

590 TAMiami TR
UNIT #2
PORT CHARLOTTE FL 33953
US

Mailing Address

PO BOX 380216
MURDOCK FL 33948-0216
US

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

65-0903955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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, 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 ☐
DTT
JAMES, ALLEN
368 KOSTNER STREET
PORT CHARLOTTE FL 33954

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐
D
MALCOLM, JOHN
407 SAN CARLOS DRIVE
PUNTA GORDA FL 33950

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☒
DT
BUNTON, THOMAS
21232 WYNARD DR
PORT CHARLOTTE FL 33954

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☒
TR
Allyn Lord
5145 Densaw Rd
North Port, FL 34287

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐
TR
TAYLOR, SAMUEL
2361 BENDIXEN ST
PORT CHARLOTTE FL 33953

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐
S
TAYLOR, LINDA
2361 BENDIXEN ST
PORT CHARLOTTE FL 33953

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 ☐

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: *James*

3-10-01

941-625-3669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)