

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91236 048 \*\*\*\*61.25

<b>DOCUMENT # N99000000662</b>					
1. Entity Name <b>HOUSE OF FAITH MINISTRIES INTERNATIONAL, INC.</b>					
Principal Place of Business <b>7337 E. COLONIAL DRIVE ORLANDO FL 32807</b>			Mailing Address <b>7337 E. COLONIAL DRIVE ORLANDO FL 32807</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>APPLIED FOR</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUSH, SALLY JO 7339 E. COLONIAL DRIVE ORLANDO FL 32807</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Sally Jo Bush</i></u> DATE <u>5/14/01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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	PD BUSH, SCOTT D 5727 YUCATAN DRIVE ORLANDO FL 32807 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCKIM, GREGORY G RD #2 BOX 8 FORD CITY PA 16226 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Mckim, Gregory G 4134 Arsenal St St Louis, MO 63116 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUSH, SALLY JO 5757 YUCATAN DRIVE ORLANDO FL 32807 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 817, 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: <u><i>SIGNATURE REQUIRED</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>5/14/01</u> DAYTIME PHONE # <u>407-381-4092</u>		

CR2E037 (10/00)

ATTACHMENT

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

9965

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>House of Faith Ministries International, Inc.</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name <b>Sally J. Bush</b>
	4a Mailing address (street address) (room, apt., or suite no.) <b>7339 E Colonial Drive</b>	6a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>Orlando FL 32807</b>	5b City, state, and ZIP code <b>N990000000662</b>
	6 County and state where principal business is located <b>Orange County Florida</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>Sally J. Bush 206-56-4896</b>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input checked="" type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>Florida</b>	Foreign country
---	-------------------------	-----------------

9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ► <b>Church</b>	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
<input type="checkbox"/> Other (specify) ►	

10 Date business started or acquired (month, day, year) (see instructions) <b>January 1999</b>	11 Closing month of accounting year (see instructions) <b>December</b>
---	---

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	<b>N/A</b>
---	------------

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural <b>-0-</b>	Agricultural <b>-0-</b>	Household <b>-0-</b>
--	-------------------------------	----------------------------	-------------------------

14 Principal activity (see instructions) ► <b>nonprofit organization</b>
--

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ►	Trade name ►
---	--------------	--------------

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
---	--	----------------------------	--------------

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) <b>(407) 381-4092</b>
<b>Sally J. Bush</b> secretary/treasurer	Fax telephone number (include area code) ( )
Name and title (Please type or print clearly.) ►	

Signature ► <b>Sally J Bush</b>	Date ►
---------------------------------	--------

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------