

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91167 020 \*\*\*\*61.25

DOCUMENT # N 99000000662

1. Entity Name

House of Faith Ministries International, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5727 Yucatan Drive

3. Mailing Address

5727 Yucatan Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3732239

Applied For

Not Applicable

Zip

Country

32807

USA

Zip

Country

32807

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Sally Jo Bush

Street Address (P.O. Box Number is Not Acceptable)

5727 Yucatan Drive

City

Orlando

FL

Zip Code

32807

**DO NOT WRITE  
IN THIS SPACE**

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

Sally Jo Bush

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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	<u>PD</u>
NAME	<u>Bush, Scott D</u>
STREET ADDRESS	<u>5727 Yucatan Dr</u>
CITY - ST - ZIP	<u>Orlando FL 32807</u>
TITLE	<u>VPD</u>
NAME	<u>McKim, Gregory G</u>
STREET ADDRESS	<u>4134 Arsenal St.</u>
CITY - ST - ZIP	<u>St. Louis, MO 63116</u>
TITLE	<u>STD</u>
NAME	<u>Bush, Sally Jo</u>
STREET ADDRESS	<u>5727 Yucatan Dr</u>
CITY - ST - ZIP	<u>Orlando FL 32807</u>
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sally Jo Bush

4/29/02

407-381-4092