

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001337

1. Entity Name

FAITH MINISTRIES OF TALLAHASSEE, INC.

FILED

Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90015 004 ****61.25

Principal Place of Business

3333 APALACHEE PARKWAY
TALLAHASSEE FL 32311

Mailing Address

3333 APALACHEE PARKWAY
TALLAHASSEE FL 32311

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

59-3564344

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

SELF, MELBRON E
3333 APALACHEE PARKWAY
TALLAHASSEE FL 32311

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 PD ☐ Delete
NAME SCHWENK, MELANIE
STREET ADDRESS RT. # BOX 116-D
CITY-ST-ZIP MONTICELLO FL 32344

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

TITLE VD ☐ Delete
NAME RICHSTONE, MARSHA
STREET ADDRESS 1118 LOMPOC COURT
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE STD ☐ Delete
NAME RICHSTONE, GREGG
STREET ADDRESS 1118 LOMPOC COURT
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE D ☐ Delete
NAME DALE, CAROL
STREET ADDRESS 3600 BUCKNER COURT
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE D ☐ Delete
NAME SELF, MELBRON E
STREET ADDRESS 2306 W. INDIANHEAD DR.
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)