

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000001337**

1. Entity Name

FAITH MINISTRIES OF TALLAHASSEE, INC.

Principal Place of Business

**3333 APALACHEE PARKWAY
TALLAHASSEE FL 32311**

Mailing Address

**3333 APALACHEE PARKWAY
TALLAHASSEE FL 32311**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**SELF, MELBRON E
3333 APALACHEE PARKWAY
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

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 \$61.259. 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	PD	<input type="checkbox"/> Delete
NAME	SCHWENK, MELANIE	
STREET ADDRESS	RT. # BOX 116-D	
CITY-ST-ZIP	MONTICELLO FL 32344	

TITLE	VD	<input type="checkbox"/> Delete
NAME	RICHSTONE, MARSHA	
STREET ADDRESS	1118 LOMPOC COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE	STD	<input type="checkbox"/> Delete
NAME	RICHSTONE, CREGG	
STREET ADDRESS	1118 LOMPOC COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE	D	<input type="checkbox"/> Delete
NAME	DALE, CAROL	
STREET ADDRESS	3600 BUCKNER COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE	D	<input type="checkbox"/> Delete
NAME	SELF, MELBRON E	
STREET ADDRESS	2306 W. INDIANHEAD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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STREET ADDRESS		
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90471 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)