2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 13, 2000 8:00 am Secretary of State DOCUMENT # N99000002015 1. Entity Name FAITH FELLOWSHIP, INC. 09-13-2000 90025 029 \*\*\*\*61.25 Principal Place of Business Mailing Address 2734 GRAFTON AVE. 2734 GRAFTON AVE. SARASOTA FL 34239 SARASOTA FL 34239 A111177622 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Zip Zip Country \$8.75 Additional Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name arrison Street Address (P.O. Box Number is Not Acceptable HARRISON, TERRY 1312 7TH AVE. E. **BRADENTON FL 34208** f. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. TITLE ☐ Change Delete TITLE asker, Lucinda HARRISON, TERRY NAME NAME lasker, Lucino 719 Tuxford Drive Sarasota FL 34232 STREET ADDRESS STREET ADDRESS 1312 7TH AVE. EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** Addition Delete TITLE TITLE Harrison, Terry Circle - & KLEIN, MARY NAME NAME STREET ADDRESS, STREET ADDRESS 989 S.-TUTTLE AVE. -CITY-ST-ZIP CITY-ST-74P SARASOTA FL 34237 Change ☐ Addition Delete TITLE COLLIER, LEOLAND NAME STREET ADDRESS 4020 LONGHORN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 □ Delete Change ☐ Addition TITLE LEVITA, JOHN NAME STREET ADDRESS STREET ADDRESS 2206 VALENCIA DR. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 ☐ Addition TITLE C Oelete TITLE NAME **BLOUNT, GREG** NAME STREET ADDRESS STREET ADDRESS 3109 MCLINTOSH RD. SOUTH CITY-ST-ZIP C!TY-ST-ZIP SARASOTA FL \_\_\_ Addition TITLE ☐ Detete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 THE DOMPRINTED DAME OF SIGNING OFFICER OR DIRECTOR

Terry J. Harrison 9-6-00

Daytime Phone #