

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

DOCUMENT # <u>N99000002413</u>	
1. Entity Name <u>Family of Faith Community Church of Fort Walton Beach, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>428 Racetrack Rd NE</u>		3. Mailing Address <u>428 Racetrack Rd NE</u>	
Suite, Apt. #, etc. <u>At.</u>		Suite, Apt. #, etc.	
City & State <u>Ft. Walton Bch., FL</u>		City & State <u>Ft. Walton Bch., FL</u>	
Zip <u>32547</u>	Country <u>USA</u>	Zip <u>32547</u>	Country <u>USA</u>

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IN THIS SPACE**

FILED
03 OCT -3 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000023545870
10/03/03--01068--002 **\$1.25

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4. FEI Number <u>59-1431697</u>	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name <u>Charles Sansom Jr.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>206 South St. SE</u>	
City <u>Ft. Walton Beach</u>	FL Zip Code <u>32547</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Charles Sansom Jr [Signature] 9-30-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Senior Pastor</u> <u>Charles Sansom Jr.</u> <u>428 Racetrack Rd NE</u> <u>Ft. Walton Bch., FL 32547</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Associate Pastor</u> <u>Janice Bausch</u> <u>428 Racetrack Rd NE</u> <u>Ft. Walton Bch., FL 32547</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Elder</u> <u>William Phagen</u> <u>428 Racetrack Rd NE</u> <u>Ft. Walton Bch., FL 32547</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Charles Sansom 9-30-02 850-862-9012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

JK 10/10