

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

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90039 043 ****61.25

DOCUMENT # *N99000002726*

1. Entity Name

*Faith Family outreach church of
Clearwater, Inc.*



DO NOT WRITE IN THIS SPACE

40012308

2. Principal Place of Business

2045 Palmetto St.

3. Mailing Address

801 W. Bay Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 503

City & State

Clearwater, FL

City & State

Largo, FL

Zip

33765

Country

U.S.A.

Zip

33770

Country

U.S.A.

4. FEI Number

59-3534170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Nicholson, Steven & Sheri

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

2045 Palmetto St.

City

Clearwater

FL

Zip Code

33765

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

SIGNATURE

Steven A. Nicholson

Vice President/Secretary

2-2-05

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	<i>President</i>
NAME	<i>Nicholson, Steven A.</i>
STREET ADDRESS	<i>112 13th St.</i>
CITY-STATE-ZIP	<i>Belleair Bch, FL 33786</i>
TITLE	<i>Vice President/Secretary</i>
NAME	<i>Nicholson, Sheri A.</i>
STREET ADDRESS	<i>112 13th St.</i>
CITY-STATE-ZIP	<i>Belleair Bch, FL 33786</i>
TITLE	<i>Director</i>
NAME	<i>Friedt, Wayne E.</i>
STREET ADDRESS	<i>5240 N. Socrum Loop</i>
CITY-STATE-ZIP	<i>Lakeland, FL 33809</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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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 employed.

SIGNATURE:

Steven A. Nicholson

2/2/05

727-461-9673

CR2E037B (12/02)