

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90453 019 \*\*\*\*61.25

**DOCUMENT # N99000003824**

1. Entity Name

**BY FAITH RESTORATION MINISTRIES, INC.**



Principal Place of Business

**310 W. BAY DR.  
LARGO FL 33746**

Mailing Address

**P.O. BOX 481  
LARGO FL 33746**

2. Principal Place of Business

**1310 Gooden Crossing Rd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Largo, FL 33746**

City & State

Zip

Country

**33746**

Country

**USA**

Country

4. FEI Number **59-3583395**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KIMBROUGH, MICHAEL  
310 W. BAY DR.  
LARGO FL 33746**

7. Name and Address of New Registered Agent

Name

**Michael Kimbrough**

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

**1540 Long Street**

City

**Clearwater**

FL

Zip Code

**33755**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **KIMBROUGH, MICHAEL**  
STREET ADDRESS **1560 LONG ST.**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **VD** ☐ Delete  
NAME **MACK, JAMES E SR.**  
STREET ADDRESS **2043 24TH ST., S.W.**  
CITY-ST-ZIP **LARGO FL 33774**

TITLE **TD** ☐ Delete  
NAME **KIMBROUGH, DEBORAH**  
STREET ADDRESS **1560 LONG ST.**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **SD** ☒ Delete  
NAME **COLEMAN, VANESSA**  
STREET ADDRESS **2709 FULTON ST SW**  
CITY-ST-ZIP **LARGO FL 33774**

TITLE **D** ☒ Delete  
NAME **MACK, FLORETHA**  
STREET ADDRESS **2043 24TH ST., S.W.**  
CITY-ST-ZIP **CLEARWATER FL 33774**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **Secretary/ Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Joseph Jones**  
STREET ADDRESS **104 N. San Remo**  
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Wayne Tiggett**  
STREET ADDRESS **217 April Lane**  
CITY-ST-ZIP **Palm Harbor, FL 33755**

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:

**Michael Kimbrough**

**02-05-03**

**727-667-0467**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)