

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004921

1. Entity Name
FAITH TEMPLE FULLGOSPEL CHURCH FELLOWSHIP, INC.

Principal Place of Business Mailing Address
P.O. BOX 292336 P.O. BOX 292336
TAMPA FL 33687-2336 TAMPA FL 33687-2336

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number 59-3595701 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, TORRACE B
7304 RIVERCHASE DR.
TAMPA FL 33637-5647

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 _____ 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
After September 12, 2001, min. will be \$236.25

9. 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	D	<input type="checkbox"/> Delete
NAME	BRAND, JAMES E	
STREET ADDRESS	7304 E. RIVERCHASE DR.	
CITY-ST-ZIP	TAMPA FL 33637-5647	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, LATOSHA	
STREET ADDRESS	4304 PORPOISE DR.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, ROBERT	
STREET ADDRESS	4304 PORPOISE DR.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, TAURUS B	
STREET ADDRESS	7304 W. RIVERCHASE DR.	
CITY-ST-ZIP	TAMPA FL 33637-5647	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELLAMY, MARY	
STREET ADDRESS	8204 DAHLIA AVE.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, EARL	
STREET ADDRESS	8204 DAHLIA AVE.	
CITY-ST-ZIP	TAMPA FL 33618	

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
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
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: _____

TORRACE B. DAVIS

7/24/01

(813) 984-6056

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90043 044 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)