

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005411

1. Entity Name

NEW FAITH COMMUNITY CHURCH, INC. ✓

Principal Place of Business

4002 LEE STREET
JACKSONVILLE FL 32209

Mailing Address

4002 LEE STREET
JACKSONVILLE FL 32209

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2233696

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIN, BOBBIE L
4002 LEE STREET
JACKSONVILLE FL 32209

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	GRIFFIN, BOBBIE L	4235 CLYDE DR	JACKSONVILLE FL 32208				
CC	BROWN, TAMMIE D	6512 LACY CT	JACKSONVILLE FL 32244				
CDB	WOODBERRY, THEODORE	4723 COLDCHESTER RD	JACKSONVILLE FL 32208				
CTB	HAREWOOD, CLIFTON R	4235 CLYDE DR	JACKSONVILLE FL 32208				
CTB	HARWOOD, JIMMIE L	4235 CLYDE DR	JACKSONVILLE FL 32208				
S	MORGAN, PATTIE L	4928 40TH ST	JACKSONVILLE FL 32209				

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01

Date

904-765-1843

Daytime Phone #

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-13-2001 90595 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)