

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

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90118 008 \*\*\*\*61.25

**DOCUMENT # N99000005411**



1. Entity Name  
**NEW FAITH COMMUNITY CHURCH, INC.**

Principal Place of Business      Mailing Address  
**4002 LEE STREET      4002 LEE STREET**  
**JACKSONVILLE FL 32209      JACKSONVILLE FL 32209**

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 **52-2233696**      Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**GRIFFIN, BOBBIE L**  
**4002 LEE STREET**  
**JACKSONVILLE FL 32209**

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

SIGNATURE \_\_\_\_\_ (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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
P	GRIFFIN, BOBBIE L	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	4235 CLYDE DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP	
CC	BROWN, TAMMIE D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	6512 LACY CT	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	CITY-ST-ZIP	
CDB	WOODBERRY, THEODORE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	4723 COLDCHESTER RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP	
CTB	HAREWOOD, CLIFTON R	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	4235 CLYDE DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP	
TB	MORGAN, JOHN D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	4928 40TH STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	
S	MORGAN, PATTIE L	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	4928 40TH ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	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: *Bob Griffin*

*2/28/03*

CR2E037 (10/02)