

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005954

FILED
May 03, 2002 8:00 AM
Secretary of State

Entity Name: FRIENDS OF THE FAMILY OF JESUS HEALER INC.

Current Principal Place of Business:

2214 E. 9TH AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 231
ODESSA, FL 33556

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FULLER, MICHAEL W
19506 PINE TREE ROAD
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCOTT, PHILIP REV
Address: 2214 E 9 AVE A AVE
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: LEON, HERNAN
Address: 4129 N ARMENIA
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: ALFONSO, CARLOS JR
Address: 1705 N 16 STREET
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: FULLER, MICHAEL W
Address: 2701 W BUSCH BLVD
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: BOWERS, CHRISTOPHER G
Address: 2523 SUNSET DR
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W. FULLER

D

05/03/2002

Electronic Signature of Signing Officer or Director

Date