

2000 UNIFORM BUSINESS REPORT (UBR)

7/2

FILED
Aug 14, 2000 8:00 am
Secretary of State

07-28-2000 90054 001 ****61.25
 07-28-2000 90054 002 ****8.75
 07-28-2000 90054 003 ****5.00

DOCUMENT # *1199000006648*

1. Entity Name

FAITH HOSANNA WORSHIP CENTER, INC

Principal Place of Business

Mailing Address

9301 SOUTH ORANDE BLOSSOM TRAIL ORLANDO, FL. 2945 Smithfield Drive ORLANDO, FL 32837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL 32837

City & State

4. FEI Number

59-3608210

Applied For

Not Applicable

Zip

32837

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVANUE
 CORAL GABLES, FL 33134

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PRESIDENT, VINCENT G. FAGAN
 STREET ADDRESS 2945 SMITHFIELD DR. ORLANDO, FL
 CITY-ST-ZIP 32837

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

TITLE NAME OPAL FAGAN, 2945 SMITHFIELD DR
 STREET ADDRESS ORLANDO, FLORIDA 32837
 CITY-ST-ZIP

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

TITLE NAME ERNOLD FAULKNER
 STREET ADDRESS 2945 SMITHFIELD DR.
 CITY-ST-ZIP ORLANDO, FL 32837

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

TITLE NAME PAMELA FAULKNER
 STREET ADDRESS 2945 SMITHFIELD DR.
 CITY-ST-ZIP ORLANDO, FL 32837

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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: *V. FAGAN Vincent FAGAN* 7-24-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)