

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90027 018 \*\*\*\*\*61.25

**DOCUMENT # N99000007599**

1. Entity Name

**NATIONAL CENTER FOR FAITH-BASED INITIATIVE, INC.**

Principal Place of Business

2101 AUSTRALIAN AVENUE  
WEST PALM BEACH FL 33407

Mailing Address

2101 AUSTRALIAN AVENUE  
WEST PALM BEACH FL 33407

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

**APPLIED FOR**  
**65-1004025**

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

**JAMES, KEITH A**  
**222 LAKEVIEW AVE., SUITE 800**  
**WEST PALM BEACH FL 33401**

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

TITLE **D** ☐ Delete  
NAME **RAY, HAROLD CALVIN**  
STREET ADDRESS **2101 AUSTRALIAN AVENUE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☐ Delete  
NAME **BLAKE, CHARLES E**  
STREET ADDRESS **3045 CRENSHAW BOULEVARD**  
CITY-ST-ZIP **LOS ANGELES CA 90016**

TITLE **D** ☐ Delete  
NAME **ELLIS, J. DELANO II**  
STREET ADDRESS **10515 CHESTER AVENUE**  
CITY-ST-ZIP **CLEVELAND OH 44106**

TITLE **D** ☐ Delete  
NAME **LONG, EDDIE L**  
STREET ADDRESS **2778 SNAPPINGER ROAD**  
CITY-ST-ZIP **DECATUR GA 30034**

TITLE **D** ☐ Delete  
NAME **MORTON, PAUL S**  
STREET ADDRESS **9661 LAKE FOREST BOULEVARD**  
CITY-ST-ZIP **NEW ORLEANS FL 70119**

TITLE **D** ☐ Delete  
NAME **PATTERSON, GILBERT E**  
STREET ADDRESS **250 EAST RAINES ROAD**  
CITY-ST-ZIP **MEMPHIS TN 38109**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**HAROLD CALVIN RAY**

**961 805 7900**

CR2E037 (10/00)