2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090213

1. Entity Name

THE FAITH HOUSE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03-10-2000 90036 026 ***150.00
00 MAR 27 PM 4:27

Principal Place of Business	Mailing Address
441 SW DAVID TERRACE PORT ST LUCIE FL 34952 US	441 SW DAVID TERRACE PORT ST LUCIE FL 34953-2973

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2326 SE Manitou TERR	2326 SE Manitou TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc. PSL. FL.
City & State PORT ST. LUCIE FL.	City & State
Zip 34952 Country U.S.A.	Zip 34952 Country U.S.A.

4. FEI Number NOT APPLICABLE ☐ 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
GRANT, NORMA 441 SW DAVID TERRACE PORT ST LUCIE FL 34952	Name Street Address (P.O. Box Number is Not Acceptable) 2326 SE Manitou Terr City PSL. FL Zip Code 34952

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANT, VALARIE 8412 DEL NORTE CT ALEXANDRIA VA 22309	☐ Delete	D ~~[illegible]~~ St. Bernard. 153 Sealion RD PSL FL. 34953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A GRANT, NORMA 441 SW DAVID TERR P.S.L FL 34953	☐ Delete	Norma Grant 441. S.W David Terr PSL FL. 34953	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRANT, ARTHUR 1631 PSL BLVD P.S.L FL 34952	☐ Delete	VP Arthur Grant 441. S.W David Terr PSL. FL 34953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MC GRAW, ALLYSON 163 PSL BLVD P.S.L FL 34952	☐ Delete	S McGraw, Allyson. 2673 S.W Accord PSL FL 34953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA GRANT 3-6-2000 561 335-3481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #