

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000090213****1. Entity Name**
THE FAITH HOUSE, INC.**Principal Place of Business****2326 SE MANITON TERR
PORT ST LUCIE FL 34952
US****Mailing Address****2326 SE MANITON TERR
PORT ST LUCIE FL 34952
US****2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**
65-0632473Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****GRANT, NORMA
2326 SE MANITON TERR
PORT ST LUCIE FL 34952****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.**SIGNATURE***Norma Grant***2-5-2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	ST BERNARD, VALARIE	
STREET ADDRESS	153 SEALION RD	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	A	<input type="checkbox"/> Delete
NAME	GRANT, NORMA	
STREET ADDRESS	441 SW DAVID TERR	
CITY-ST-ZIP	P.S.L FL 34953	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRANT, ARTHUR	
STREET ADDRESS	441 SW DAVID TERR	
CITY-ST-ZIP	P.S.L. FL 34952	
TITLE	S	<input type="checkbox"/> Delete
NAME	MC GRAW, ALLYSON	
STREET ADDRESS	2673 SW ACCO RD	
CITY-ST-ZIP	P.S.L. FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>See McGraw Allyson</i>	
STREET ADDRESS	<i>530 S.W Rabbit Ave.</i>	
CITY-ST-ZIP	<i>Port St Lucie Fl. 34953</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)