

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770114

1. Entity Name

WORLD HEALING CENTER CHURCH, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90013 002 ****61.25

0097638

Principal Place of Business

Mailing Address

5215 NORTH O'CONNOR BLVD
SUITE 2000
IRVING TX 75039

5215 NORTH O'CONNOR BLVD
SUITE 2000
IRVING TX 75039

2. Principal Place of Business

3. Mailing Address

3400 William D. Tate Ave.

P O Box 168487

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Grapevine, TX

City & State

Irving, TX

4. FEI Number

59-2457046

Applied For

Not Applicable

Zip
76051-4337

Country
USA

Zip
75016

Country
USA

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

ELSBERRY, MICHAEL
450 SOUTH ORANGE AVE, SUITE 800
ORLANDO FL 32801

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
STREET ADDRESS
CITY-ST-ZIP
PD
HINN, BENEDICTUS
5215 NORTH O'CONNOR BLVD SUITE 2000
IRVING TX 75039 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
same
3400 William D. Tate Ave
Grapevine, TX 76051-4337 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GEORGE, J. DON
3000 W. AIRPORT FREEWAY
IRVING TX 75062 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ROBERTS, FRED
37 RIDGE ROAD APT. #104
DURBAN SO 4001 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Reid, Tommy
3210 Southwestern Blvd.
Orchard Pk, NY 14127 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HINN, BENEDICTUS
5215 NORTH O'CONNOR BLVD, STE 2000
IRVING TX 75039 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
same
3400 William D. Tate Ave
Grapevine, TX 76051-4337 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Swad, Bill
8200 CreekHollow Road
Blacklick, OH 43004 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.30.02

817.722.2222

Date

Daytime Phone #

CR2E037 (9/01)