NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90545 028 ****61.25

DOCUMENT # 770114

1. Entity Name
World Healing Center Church, Inc.

DO NOT WRITE IN THIS SPACE

20018972

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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
Zip: 76051-4337 Country: USA	Zip: 75016 Country: USA

4. FEI Number: 59-2457046 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Michael V. Elsberry

Street Address (P.O. Box Number is Not Acceptable): 215 N. Eola Drive

City: Orlando FL Zip Code: 32801

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. I am familiar with, and accept the obligations of registered agent.

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

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	Benedictus Hinn	NAME	
STREET ADDRESS	3400 William D. Tate Avenue	STREET ADDRESS	
CITY-ST-ZIP	Grapevine, TX 76051-4337	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Bill Swad	NAME	
STREET ADDRESS	8200 CreekHollow Road	STREET ADDRESS	
CITY-ST-ZIP	Blacklick, OH 43004	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Steve Brock	NAME	
STREET ADDRESS	3250 Manor View Court	STREET ADDRESS	
CITY-ST-ZIP	Dacula, GA 30019	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Benedictus Hinn	NAME	
STREET ADDRESS	3400 William D. Tate Avenue	STREET ADDRESS	
CITY-ST-ZIP	Grapevine, TX 76051-4337	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] STEVE BROCK 1.22.03 817-722-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #