2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90158 050 ****70.00

DOCUMENT # N32738

1. Entity Name
WORD OF FAITH HEALING MINISTRY, INC.

Principal Place of Business	Mailing Address
4153 NW STATE RD 7 LAUDERDALE LAKES FL 33319 US	P.O. BOX 490937 FT. LAUDERDALE FL 33349-0937

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4324 N State Rd 7	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lauderdale Lakes	City & State
Zip: FL 33319 / Country	Zip / Country

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
BUIKUS, DONALD H. 1946 NW 54TH AVENUE MARGATE FL 33063	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. 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)

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RHODEN, ANTOINETTE 3121 NW 43RD STREET LAUDERDALE LAKES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 7351 NW 37th Street Lauderhill FL 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DACRES, ROSA 4724 NW 50TH ST TAMARAC FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPER, JUDITH 6875 ALEXANDRA PARKWAY DORAVILLE GA 30135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LLEWLYN RHODEN, SENIOR 3121 NW 43RD ST LAUDERDALE LAKES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Llewelyn Rhoden Senior 7351 NW 37th St Lauderhill FL 33319 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DUCKIE, MELODY 1130 SUNSET DRIVE APT #1502 N LAUDERDALE FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/29/03 9547331750