

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000003119**

1. Entity Name

THE WHOLE WORD CHRISTIAN ACADEMY, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90054 023 ****61.25

Principal Place of Business

Mailing Address

11410 LINCOLN BLVD.
 MIAMI FL 33176

11410 LINCOLN BLVD.
 MIAMI FL 33176-7345

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

64-0592266

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CULMER WILLIAMS, DIANNE
11410 LINCOLN BLVD.
MIAMI FL 33176

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 | D <input type="checkbox"/> Delete |
| NAME | CULMER WILLIAMS, DIANNE |
| STREET ADDRESS | 10960 SW 176 STREET |
| CITY-ST-ZIP | MIAMI FL 33157 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | MALONE, CARLOS L., SR, BISHOP |
| STREET ADDRESS | 8241 SW 183 STREET |
| CITY-ST-ZIP | MIAMI FL 33157 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | AMBLER, MAURICE |
| STREET ADDRESS | 8245 SW 184 LN |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | SANDERS, DONALD |
| STREET ADDRESS | 10731 SW 147 ST |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | FORT, RONALD |
| STREET ADDRESS | 13500 SW 108 ST CIR SOUTH |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GODWIN, HENRY |
| STREET ADDRESS | 7701 SW 181 TERR |
| CITY-ST-ZIP | MIAMI FL |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Dianne Williams Culmer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00
 Date

235-1990
 Daytime Phone #

CR2E037 (9/99)