

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91288 048 ****61.25

DOCUMENT # N96000002431

1. Entity Name

WORSHIP TABERNACLE ASSEMBLIES OF GOD, INC.

Principal Place of Business

610 S.E. FORGAL ST.
 PORT ST. LUCIE FL 34983

Mailing Address

610 S.E. FORGAL ST.
 PORT ST. LUCIE FL 34983

2. Principal Place of Business

650 NW Airosa Blvd
 Suite, Apt. #, etc.

3. Mailing Address

650 NW Airosa Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St Lucie, FL

City & State

Port St Lucie FL

4. FEI Number

31-1468008

Applied For

Not Applicable

Zip

Country

34983

USA

Zip

Country

34983

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRACERO, ANGEL L JR
 610 SE FORGAL ST
 PORT SAINT-LUCIE FL 34983

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

~~FILE NOW: FEE IS \$81.25~~

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	P	<input type="checkbox"/> Delete
NAME	BRACERO, ANGEL L JR	
STREET ADDRESS	610 SE FORGAL ST	
CITY-ST-ZIP	PT ST LUCIE FL 34953	
TITLE	T	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, OLGA	
STREET ADDRESS	1692 SE-PORTILLO RD	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRACERO, ANNETTE	
STREET ADDRESS	610 SE FORGAL ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLON, LUIS	
STREET ADDRESS	1891 SE MANTH LANE	
CITY-ST-ZIP	PORT ST LUCIE FL 34954	
TITLE	D	<input type="checkbox"/> Delete
NAME	IRIZZARY, MILDRED	
STREET ADDRESS	1302 RUSHING LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, MARISSA	
STREET ADDRESS	824 SE SANDIA AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Fernandez	
STREET ADDRESS	781 NW Granada St	
CITY-ST-ZIP	Port St. Lucie, FL 34983	
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		

CR2E037 (9/01)

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 *Angel L Bracero*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02 7723365961
 Date Daytime Phone #