

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90018 034 \*\*\*\*61.25

**DOCUMENT # N98000003675**

1. Entity Name  
**TRUE FAITH ORIGINAL APOSTOLIC CHURCH OF JESUS, I**

|   |   |
|---|---|
| Principal Place of Business<br><b>2907 NW 21ST AVE<br/>FORT LAUDERDALE FL 33311</b> | Mailing Address<br><b>3250 NW 2ND ST<br/>FORT LAUDERDALE FL 33311</b> |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>1700 North West 15th Ave.</b> | 3. Mailing Address<br><b>Same As Above</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                        |

|   |                          |   |  |
|---|--------------------------|---|--|
| City & State<br><b>Fort Lauderdale, Florida</b> | City & State             | 4. FEI Number<br><b>65-0934795</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>33311</b>                             | Country<br><b>U.S.A.</b> | Zip   | Country  |
|   |                          | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**GILBERT, OLLIE M**  
**3250 NW 2ND ST**  
**FORT LAUDERDALE FL 33311**

**7. Name and Address of New Registered Agent**  
 Name  
**Wilcher, Deloris**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1127 North West 1st Ave.**  
**Fort Lauderdale, Florida 33311**  
 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 *Betty Jean Powell* (NOTE: Registered Agent signature required when reinstating) DATE *March 16 2001*

**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**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>POWELL, DAVID</b><br><b>3250 NORTHWEST 2ND STREET</b><br><b>FORT LAUDERDALE FL 33311</b>       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>POWELL, BETTY JEAN</b><br><b>3250 NORTHWEST 2ND STREET</b><br><b>FORT LAUDERDALE FL 33311</b>  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>GILBERT, BILLIE MAE</b><br><b>3250 NORTHWEST 2ND STREET</b><br><b>FORT LAUDERDALE FL 33311</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>POWELL, FLEICIA</b><br><b>3250 NW 2ND ST</b><br><b>FORT LAUDERDALE FL 33311</b>                | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>WILSON, ROSA</b><br><b>3250 NORTHWEST 2ND STREET</b><br><b>FORT LAUDERDALE FL 33311</b>        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>POWELL, JEROME L</b><br><b>3250 NORTHWEST 2ND STREET</b><br><b>FORT LAUDERDALE FL 33311</b>    | <input checked="" type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>Wilcher, Deloris</b><br><b>1127 North West 1st. Ave</b><br><b>Fort Lauderdale, Florida 33311</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Sheppard, Patricia</b><br><b>5211 North West 17 Street Apt.# E</b><br><b>Lauderhill, Florida 33313</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>Wilson, Rosa</b><br><b>3245 North West 2nd Street</b><br><b>Fort Lauderdale, Florida 33311</b>         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Odum, John</b><br><b>210 North East 35th Court</b><br><b>Fort Lauderdale, Florida 33311</b>            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Betty Jean Powell* DATE: *Mar 17 2001*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#

CR2E037 (10/00)