

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91512 023 ****61.25

DOCUMENT # N98000003675

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

Principal Place of Business Mailing Address
1700 NORTH WEST 15TH AVENUE **3250 NW 2ND ST**
FORT LAUDERDALE FL 33311 **FORT LAUDERDALE FL 33311**

2. Principal Place of Business 3. Mailing Address
1104 NW 6th Street **1700 NW 15th Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fort Lauderdale, Fl. **Fort Lauderdale, Fl.**

Zip Country Zip Country
33311 **USA** **33311** **USA**

96277



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0934795** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WILCHER, DELORIS
1127 NORTH WEST 1ST AVENUE
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent
 Name: **Felicia Powell**
 Street Address (P.O. Box Number is Not Acceptable): **3250 NW 2nd Street**
 City: **Fort Lauderdale** **FL** Zip Code: **33311**

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: *Felicia Powell* DATE: *7/19/02*

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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWELL, DAVID 3250 NORTHWEST 2ND STREET FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POWELL, BETTY JEAN 3250 NORTHWEST 2ND STREET FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILCHER, DELORIS 1127 NORTH WEST 1ST AVENUE FORT LAUDERDALE FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, PATRICIA 5211 NORTH WEST 17 STREET APT E LAUDERHILL FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, ROSA 3245 NORTH EAST 2ND STREET FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODUM, JOHN 210 NORTH EAST 35TH COURT FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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(9)(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: *954 767-0839*

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

CR2E037 (9/01)