

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717599

1. Entity Name

WORLD WIDE CHURCH OF JESUS CHRIST, INC.

Principal Place of Business

1750 N.E. 175 ST
P.O. BOX 337
CITRA FL 32113
US

Mailing Address

P.O. BOX 337
P.O. BOX 337
CITRA FL 32113
US

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

05-0043952

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

MORLEY, REV. H
1750 N.E. 175 ST.
CITRA FL 32113

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 PD
NAME MORLEY, HENRY
STREET ADDRESS RT 4 BOX 160
CITY-ST-ZIP CITRA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WILLIAMS, BONNIE FAYE
STREET ADDRESS RT 1 BOX 263
CITY-ST-ZIP HAWTHORNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME BAKER, ANNIE RUTH
STREET ADDRESS RT 4 BOX 160
CITY-ST-ZIP CITRA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE T
NAME NICHOLS, CHARLES
STREET ADDRESS RT 4 BOX 160
CITY-ST-ZIP CITRA FL ☒ Delete

TITLE T
NAME Earnest Mitchell
STREET ADDRESS Rt 4 Box 160
CITY-ST-ZIP Citra, FL ☒ Change ☒ Addition

TITLE D
NAME JACKSON, RAY C
STREET ADDRESS RT. 4, BOX 160
CITY-ST-ZIP CITRA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MORLEY, ALTAMESE
STREET ADDRESS RT 4 BOX 160
CITY-ST-ZIP CITRA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)