

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90107 014 ****61.25

DOCUMENT # 719322

1. Entity Name

WORD OF FAITH BIBLE CHURCH, INC.

Principal Place of Business

**RT 2 BOX 837
P O BOX 908
CRESCENT CITY FL 32112
US**

Mailing Address

**RT 2 BOX 837
P O BOX 908
CRESCENT CITY FL 32112-0908
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 **59-1881680**

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****NICHOLS, CHARLES B
RT 2 BOX 986
CRESCENT CITY FL 32112**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	NICHOLS, CHARLES B.	RT. 2, BOX 986	CRESCENT CITY FL	<input type="checkbox"/>	SEC	DALE, PAT	HCI BOX 533	GEORGETOWN FL 32139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	COX, HOWARD	534 S. COX ST.	PIERSON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SD	SUTTON, E V	RT 1 BOX 1034	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	SUTTON, VI	RT. 1, BOX 1034	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	COX, DAVID	1501 PINE ST	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	COX, LULA	1501 PINE ST	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Charles B. Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-12-2000 904-328-1134**

Date

Daytime Phone #