

2001 UNIFORM BUSINESS REPORT (UBR)

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
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

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

7. Name and Address of New Registered Agent

Name *Nichols, Charles B.*

Street Address (P.O. Box Number is Not Acceptable)

114 J. WALTON Rd.

City *CRESCENT CITY FL* Zip Code *32112*

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

After September 12, 2001, min. will be \$236.25

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

T ☐ Delete
NAME NICHOLS, CHARLES B.
STREET ADDRESS RT. 2, BOX 986
CITY-ST-ZIP CRESCENT CITY FL

P ☐ Delete
NAME COX, HOWARD
STREET ADDRESS 534 S. COX ST.
CITY-ST-ZIP PIERSON FL

SD ☒ Delete
NAME DALE, ROBERT
STREET ADDRESS HC 1 BOX 533
CITY-ST-ZIP GEORGETOWN FL 32139

D ☐ Delete
NAME COX, DAVID
STREET ADDRESS 1501 PINE ST
CITY-ST-ZIP BARBERVILLE FL 32105

D ☐ Delete
NAME COX, LULA
STREET ADDRESS 1501 PINE ST
CITY-ST-ZIP BARBERVILLE FL 32112

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☒ Change ☐ Addition
NAME *Nichols, Charles B.* ADDRESS
STREET ADDRESS *114 J. WALTON Rd.*
CITY-ST-ZIP *CRESCENT CITY FL 32112*

P ☒ Change ☐ Addition
NAME *COX, HOWARD* ADDRESS
STREET ADDRESS *179 CLEAR LAKE Rd.*
CITY-ST-ZIP *CRESCENT CITY FL 32112*

SD ☒ Change ☐ Addition
NAME *DALE, PAT*
STREET ADDRESS *115 LAKEVIEW AVE.*
CITY-ST-ZIP *GEORGETOWN FL 32139*

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

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

VP ☐ Change ☒ Addition
NAME *BARBARA COX*
STREET ADDRESS *179 CLEAR LAKE Rd.*
CITY-ST-ZIP *CRESCENT CITY FL 32112*

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* *CHARLES B. Nichols* 7-30-01 328-1134

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90199 029 ****61.25

00060422



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)