

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-21-2002 90094 047 ****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
US

2. Principal Place of Business

179 CLEAR LAKE RD

3. Mailing Address

179 CLEAR LAKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CRESCENT CITY FL

City & State
CRESCENT CITY FL

4. FEI Number
59-1881680

Applied For
Not Applicable

Zip
32112

Country
U.S.A

Zip
32112

Country
U.S.A

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
114 J WALTON ROAD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
NAME **NICHOLS, CHARLES B.**
STREET ADDRESS **114 J WALTON ROAD**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

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

P ☐ Delete
NAME **COX, HOWARD**
STREET ADDRESS **179 CLEAR LAKE RD**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

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

SD ☐ Delete
NAME **DALE, PAT**
STREET ADDRESS **115 LAKEVIEW AVE**
CITY-ST-ZIP **GEORGETOWN FL 32139**

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

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

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

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

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

VP ☐ Delete
NAME **COX, BARBARA**
STREET ADDRESS **179 CLEAR LAKE RD**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

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

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:

Howard Cox **RECEIVED** **Howard Cox** **8-17-02** **386-749-2655**

CR2E037 (4/02)