

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001545

1. Entity Name

WORD OF FAITH CHRISTIAN CENTER CHURCH, INC.

Principal Place of Business

Mailing Address

20000 W. NINE MILE
SOUTHFIELD MI 48075
US

20000 W. NINE MILE
SOUTHFIELD MI 48075-5597
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONK, ANDRENE M
18513 KINGBIRD DR.
LUTZ FL 33549

Name

Nathaniel Perkins

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

5711 Legacy Crescent Place Apt# 203

City

Riverview

FL

Zip Code
33569

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)

PLEASE
SIGN HERE

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 BUTLER, KEITH A
STREET ADDRESS 20000 W. NINE MILE RD.
CITY-ST-ZIP SOUTHFIELD MI 48075 ☐ Delete

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

TITLE VPD
NAME BUTLER, DEBORAH L.
STREET ADDRESS 20000 W. NINE MILE RD.
CITY-ST-ZIP SOUTHFIELD MI 48075 ☐ Delete

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

TITLE SD
NAME JACKSON, BURLEE JR
STREET ADDRESS 20000 W. NINE MILE RD.
CITY-ST-ZIP SOUTHFIELD MI 48075 ☐ Delete

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

TITLE TD
NAME JACKSON, BURLEE JR
STREET ADDRESS 20000 W. NINE MILE RD.
CITY-ST-ZIP SOUTHFIELD MI 48075 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2000 248-223-0166

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90255 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)