2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600001545

1. Entity Name

WORD OF FAITH CHRISTIAN CENTER CHURCH, INC.

Principal Place of Business Mailing Address 20000 W. NINE MILE 20000 W. NINE MILE SOUTHFIELD MI 48075 SOUTHFIELD MI 48075 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

FILED Jul 29, 2002 8:00 am Secrétary of State

07-29-2002 90005 034 ****61.25

DO NOT WRITE IN THIS SPACE

38-2253942

Applied For

\$8.75 Additional

Zip Code

Not Applicable

5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

PERKINS, NATHAN 8020 MALOREN STREET RIVERVIEW FL 33569

SIGNATURE

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.

City

(NOTE: Registered Agent signature required when reinstating)

After September 13, 2002,

min. will be \$236.25.

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

4. FEI Number

Make Check Payable to **Department of State**

DATE

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE Change Addition NAME BUTLER, KEITH A NAME STREET ADDRESS 20000 W. NINE MILE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTHFIELD MI 48075 TITLE ☐ Delete ·TITLE Change ~ NAME BUTLER, DEBORAH L NAME STREET ADDRESS STREET ADDRESS 20000 W. NINE MILE RD. CITY-ST-ZIP CITY-ST-ZIP SOUTHFIELD MI 48075 TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME JACKSON, BURLEE JR NAME STREET ADDRESS STREET ADDRESS 20000 W. NINE MILE RD. CITY-ST-7IP CITY-ST-ZIP SOUTHFIELD MI 48075 TITLE ☐ Delete Change ☐ Addition NAME JACKSON, BURLEE JR NAME STREET ADDRESS 20000 W. NINE MILE RD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SOUTHFIELD MI 48075 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition namé NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 eath; 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.

7=24-02- (248-)353-3476