

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003465

1. Entity Name

SWORD OF THE LORD INTERNATIONAL MINISTRY, INC.

Principal Place of Business

1379 WINBURN DRIVE  
EASTPOINT GA 30344

Mailing Address

1379 WINBURN DRIVE  
EASTPOINT GA 30344

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2490393

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JOHN  
2901 - N.W. 185TH STREET  
MIAMI FL 33056

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
HALL, RANDY D  
808 FRANKLIN STREET  
ROANOKE AL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ZACKERY, WILLIE  
49 WALLACE GRAY CIRCLE  
NEWMAN GA

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GRAGSTON, KIMBERLY  
1379 WINBURN DR.  
EASTPOINT GA

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
PHILLIPS, BETTY  
1010 TUCKAWANNA DR SW  
ATLANTA GA

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HALL, AYNITA  
808 FRANKLIN STREET  
ROANOKE AL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STRONG, CECIL  
1379 WINBURN DR.  
EASTPOINT GA

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/02

Date

Daytime Phone #

404-305-9650

CR2E037 (9/01)

0091855

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

04-09-2002 90731 016 \*\*\*\*75.00

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DO NOT WRITE IN THIS SPACE