

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90022 038 ****61.25

DOCUMENT # N00000000566

1. Entity Name

INTERNATIONAL FAITH FOR CHRISTIAN FELLOWSHIP, IN C.

Principal Place of Business

Mailing Address

**4470 CORAL SPRINGS DR.
 CORAL SPRINGS FL 33065**

**4470 CORAL SPRINGS DR.
 CORAL SPRINGS FL 33065**

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

65-1042991

Applied For

Not Applicable

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

**GRANT, EVAN REV.
 4470 CORAL SPRINGS DR.
 CORAL SPRINGS FL 33065**

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **GRANT, EVAN REV.**
 STREET ADDRESS **4470 CORAL SPRINGS DR.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE **VD** ☒ Delete
 NAME **ELLIS, OTHNEIL A**
 STREET ADDRESS **3910 NW 110 AVE.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Change ☒ Addition
 NAME **TREASURER**
 STREET ADDRESS **MITZIE BANTON**
 CITY-ST-ZIP **317 SW 77th ter North Lauderdale, FL 33068**

TITLE **TD** ☒ Delete
 NAME **DENTON-GRANT, CHRISTINE**
 STREET ADDRESS **4470 CORAL SPRINGS DR.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Change ☒ Addition
 NAME **TRUSTEE**
 STREET ADDRESS **BEVERLY ELWIT**
 CITY-ST-ZIP **2802 NW 60 TER Apt 358 Sunrise FL 33313**

TITLE **TD** ☒ Delete
 NAME **WHITTAKER, VANILYN**
 STREET ADDRESS **3101 NW 47TH TERR. #320**
 CITY-ST-ZIP **LAUDER LAKES FL 33319**

TITLE ☐ Change ☒ Addition
 NAME **TRUSTEE**
 STREET ADDRESS **CLEVELAND GRANT**
 CITY-ST-ZIP **3690 NW 110th Ave Coral Springs FL 33065**

TITLE **SD** ☐ Delete
 NAME **RICKETTS, DONALD F**
 STREET ADDRESS **2440 NW 137 TERR.**
 CITY-ST-ZIP **SUNRISE FL 33323**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EVAN GRANT 954-484-8440
 1/8/02

CR2E037 (9/01)