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**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91333 041 \*\*\*\*70.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001298

1. Entity Name

WORD OF FAITH MISSION, INC.

Principal Place of Business

4178 ROSE OF SHARON DR.  
ORLANDO FL 32808

Mailing Address

4178 ROSE OF SHARON DR.  
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-3683525  
59-3633525Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAYNE, ORETHA D REV.  
4178 ROSE OF SHARON DR.  
ORLANDO FL 32808

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 re-registering)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAYNE, ORETHA D REV. 4178 ROSE OF SHARON DR. ORLANDO FL 32808	<input type="checkbox"/> Delete D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE BOARD MEMBER CAROLYN STAINPAULIN 5275 STONE HARBOR ROAD ORLANDO, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE BOARD MEMBER ELEOISE SMITH 3125 GREENFIELD AVE ORLANDO, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ortha Layne* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2001 (-407) 291-7747

Date

Telephone

CR2037 (10/00)