## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0000003555

1. Entity Name

## INTER-FAITH WORLD-WIDE MISSIONARY SOCIETY INC. OF THE FAMILY EMERGENCY 500 CLUB PLUS. THE FAMILY

Principal Place of Business	Mailing Address					
1765 28TH ST SOUTH ST PETERSBURG FL 33712	1765 28TH ST SOUTH ST PETERSBURG FL 33712					
2. Principal Place of Business 1765 - 28th St. So.	3. Mailing Address					
Suite, Apt. #, etc. St. Pete., FL.,	Suite, Apt. #, etc.					
City & State	City & State					

## FILED Aug 07, 2002 8:00 am Secretary of State

08-07-2002 90189 001 \*\*\*\*60.25 08-07-2002 90189 002 \*\*\*\*\*1.00

Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE						
St. Pet	te., Fl												
City & Stat			С	ty & State				4. FEI Number	0.0400050		A	pplied For	
		***************************************		<u> </u>		·			59-3490053		N	ot Applicable	
Zip 3 3	3712	Country Pinellas	Zi	•	Col	untry		5. Certificate of S	Status Desired		\$8.75 Ad ee Require		
	6. Name	and Address of Current I	Register	ed Agent -		-	السيد التي	-7.>Name and Ad	dress of New Regis	stered A	gent		
						Name							
						Street Address (P.O. Box Number is Not Acceptable)							
BAILEY SR., ARTHUR L ELDER						order Address (F.O. box Number is Not Acceptable)							
	I ST SOUTI												
ST PETER	SBURG FL	33712				City					T 7:+ 0-+		
						City				FL	Zip Cod	ie	
8. The above	named entity	submits this statement for	the purp	ose of changing its	register	ed office	or register	ed agent, or both, in	n the State of Florida	. I am fa	miliar with	and accept	
the oblឡែat	lons of registe	ered agent.		• •	Ū		J	• ,,,				ш. п.	
:													
SIGNATURE.													
	Signature, typed of	or printed name of registered agent a	nd title if ap	olicable. (NOT	E: Registere	d Agent sign:	ature required	when reinstating)		DATE			
						-							
	After Sente	ember 13, 2002,		9. Election Car	npaign F	inancina		\$5.00 May Be	Make	Chack	Pavabla	to	
min. will be \$236.25.							Added to Fees		Make Check Payable to Department of State				
		20 <b>42</b> 00.20.						, 10000 10 1 000	Dept.	11 (1116111	i oi state	7	
10.		OFFICERS AND DIR	ECTORS		11.		Δ	DDITIONS/CHANG	SES TO OFFICERS A	ND DIRE	ECTORS IN	J 10	
TITLE	PD			☐ Delete	TITLE		T_D				☐ Change	Addition	
NAME	BAILEY, AF	rthur L		ZZ Doloto	NAM		Rev.	Pete E.	Walker	,			
STREET ADDRESS		STREET SOUTH			STRE	- et address	6419	Diamond	St.				
City-St-ZIP		ERSBURG FL 33712			CITY	-ST-ZIP	Tamp	a, FL.,33	3619				
TITLE	VP			☐ Delete	TITLE	:	<b>D</b> -				Change	Addition	
NAME	BAILEY, VI	JAN C		□ Delete	NAM		Thom	as (Jet)	Jackson	ı	☐ Change	☐ Addition	
STREET ADDRESS		STREET SOUTH				ET ADDRESS		29th Ave			-	_ <del>_</del>	
CITY-ST-ZIP		ERSBURG FL 33712	-	-		-ST-ZIP			33705			السرهاف للرواسطي	
TITLE	TR	LINDONG I E GOT IE		[7] D.J	-		D. C.	rece., ri	7., 55765				
NAME	ROGERS, S	SONJA M		Delete	TITLE		M2 ~~	en Hender	con	L	☐ Change	Addition	
- 1		ERWOOD DR				= Et address	1	Banner S					
CITY-ST-ZIP	DURHAM N					-ST-ZIP	1						
TITLE	ST	0 21100			-		Durn	am, N.C.,	2//04				
NAME	BAILEY, JE	MELLE		☐ Delete	TITLE		S .			ı	☐ Change	Addition	
	•	NELLE IER STREET			NAME	: Et address		ara Moore					
	DURHAM N					ST-ZIP	1	-28th St.					
	S S	U 21104		<b>N</b> -	<del></del>		St	<u>Pete., FI</u>	33712				
	_	CAN		Delete	TITLE		D			[	☐ Change	Addition	
	BAILEY, ME				NAME		Rosa	s Hicks -	Apt. B				
		ER STREET				ET ADDRESS		Liberty					
	DURHAM N	U 2//U4			CHY-	ST-ZIP		am, N.C.,					
	FM			Delete	TITLE						Change	Addition	
	BAILEY, AR				NAME								
	2411 BANN					T ADDRESS							
CITY-ST-ZIP	DURHAM N	C 27704			CITY-	ST-ZIP							
12. Thereby co	ertify that the	information supplied with the	his filing	does not qualify for	the exen	notion sta	ited in Sec	tion 119 07(3)(i) Ele	orida Statutes I furth	er certify	v that the ir	formation	

2. 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: Eldin Anthur LABRAULUS FLOOR ARTHUR LIBAILEY