

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-28-2002 90037 040 ****70.00

DOCUMENT # **ND1000000885**

1. Entity Name

THE NEW WORLDWIDE CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

12825 QUAIL ROOST DRIVE

3. Mailing Address

P.O. Box 836690

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33177

Country

U.S.A

Zip

33283

Country

U.S.A

4. FEI Number

☒ 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

MARY ADELEKE**12825 QUAIL ROOST DRIVE
MIAMI FLORIDA 33177**

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 FeesMake Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CHM/President** ☐ Delete
 NAME **D JOSEPH ATUNRASE**
 STREET ADDRESS **12825 QUAIL ROOST DRIVE**
 CITY-ST-ZIP **MIAMI FLORIDA 33177**

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

TITLE **PD/CEO** ☐ Delete
 NAME **PD ALICE ATUNRASE**
 STREET ADDRESS **12825 QUAIL ROOST DRIVE**
 CITY-ST-ZIP **MIAMI FLORIDA 33177**

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

TITLE **VPP** ☐ Delete
 NAME **CHRISTOPHER EMMANUEL**
 STREET ADDRESS **13801 MEMORIAL HIGHWAY**
 CITY-ST-ZIP **MIAMI FLORIDA 33161**

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

TITLE **VPP** ☐ Delete
 NAME **CHRISTINA ADEPEJU**
 STREET ADDRESS **13801 MEMORIAL HIGHWAY**
 CITY-ST-ZIP **MIAMI FLORIDA 33161**

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

TITLE **VPP** ☐ Delete
 NAME **CHRISTIAN OLUWATOSIN ADELEKE**
 STREET ADDRESS **13801 MEMORIAL HIGHWAY**
 CITY-ST-ZIP **MIAMI FLORIDA 33161**

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

TITLE **T** ☐ Delete
 NAME **ABRAHAM OLUWAREMERUN**
 STREET ADDRESS **12140 S.W 187 Terrace**
 CITY-ST-ZIP **MIAMI FLORIDA 33177**

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 19.07(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

Date

1/24/02

Daytime Phone #

(305) 431-6219

CR2E037 (9/01)