

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000885

1. Entity Name

THE NEW WORLDWIDE CHURCH OF GOD, INC.



FILED

03 FEB 21 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12825 QUAIL ROOST DRIVE
MIAMI FL 33177
US

Mailing Address

P O BOX 836690
MIAMI FL 33283
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01/29/03 40303-046 \$ 70.00

4. FEI Number

65-1109031

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

HANAFORDE, B.K.
9200 S. DADELAND BLVD., #308
MIAMI FL 33156

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SIEGEL, ANNETTE
STREET ADDRESS 12825 QUAIL ROOST DRIVE
CITY-ST-ZIP MIAMI FL 33177

TITLE
NAME DLORUN, BABA ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME ATONBASE, MICHAEL
STREET ADDRESS 12825 QUAIL ROOST DRIVE
CITY-ST-ZIP MIAMI FL 33177

TITLE
NAME DLORUN, OMO ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME SHEILA, OWOLABI
STREET ADDRESS 12825 QUAIL ROOST DRIVE
CITY-ST-ZIP MIAMI FL 33177

TITLE
NAME DLORUN, Emimo ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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: BROGNATONRE/RICHARD BABA

1/23/03 (305) 971-9719

CR2E037 (10/02)