

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

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90146 021 ****61.25

DOCUMENT # N01000002414

1. Entity Name

WORLD HEALING AND LIFE-TRANSFORMING CHURCH, INC.



Principal Place of Business

**622 SW 1ST AVENUE
BOYNTON BEACH FL 33426**

Mailing Address

**622 SW 1ST AVENUE
BOYNTON BEACH FL 33426**

2. Principal Place of Business

415 E. Boynton Beach Blvd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boynton Beach, Fl.

City & State

Boynton Beach, Fl.

Zip

33426

Country

Palm Beach

Zip

33426

Country

USA

4. FEI Number **65-1108076**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEAUPLAN, SMITH
622 S.W. 1ST AVENUE
BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
NAME **BEAUPLAN, SMITH**
STREET ADDRESS **622 SW 1ST AVENUE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **VD** ☐ Delete
NAME **RAPHAEL, ALPHONCIA B**
STREET ADDRESS **548 SE DAVIS ROAD**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **STD** ☐ Delete
NAME **RAPHAEL, NATHAN**
STREET ADDRESS **548 SE DAVIS ROAD**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

RENEW REQUIRED

01-17-03 (567)369-8466

CR2E037 (10/02)