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

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90042 038 ****61.25

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DOCUMENT # N01000006225

1. Entity Name
WORLD EVANGELISM(BIBLE CHURCH) INC.

Principal Place of Business	Mailing Address
5642 HOLLY BELL DR #7 JACKSONVILLE, FL 32277	5642 HOLLY BELL DR #7 JACKSONVILLE, FL 32277

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1313 UNIVERSITY BLVD	1313 University BLvd N
Suite, Apt. #, etc. NORTH, C 22	Suite, Apt. #, etc. C 22
City & State JACKSONVILLE FL	City & State Jacksonville, FL
Zip 32211 Country USA	Zip 32211 Country USA

4. FEI Number
59-3736299
☐ 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
EKECHUKWU, LINUS U 5642 HOLLY BELL DR #7 JACKSONVILLE, FL 32277 EKECHUKWU, LINUS U 1313 UNIVERSITY BLVD N APT C 22 32211.	Name Street Address (P.O. Box Number is Not Acceptable) NOT APPLICABLE 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 Pastor Linus Ekechukwu
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SYORINDE, SAMSON REV. 5642 HOLLY BELL DR #7 JACKSONVILLE, FL 32277	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AYORINDE, BAMITELE M REV. 5642 HOLLY BELL DR #7 JACKSONVILLE, FL 32277	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EKECHUKWU, LINUS U PASTOR 5642 HOLLY BELL DR #7 JACKSONVILLE, FL 32277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EKECHUKWU LINUS U PASTOR 1313 UNIVERSITY BLVD NORTH C22, 32211 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EZINWA, PATRICK 413 RIPKEN CIRCLE EAST JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EZINWA, PATRICK 413 RIPKEN CIRCLE EAST JACKSONVILLE, 32224 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOSTON, BRIAN 3737 ST JOH BLUV, #316 JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOSTON, BRIAN 3735 TALISMAN DR 32068. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Pastor Linus Ekechukwu 4/30/03 904-683-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #