

2002 UNIFORM BUSINESS REPORT (UBR)

0012425

DOCUMENT # N01000008910

1. Entity Name

THE WORLD-WIDE INTERNATIONAL SOUL HARBOR EVANFEL
ISTIC CENTER INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 20 AM 11:23

Principal Place of Business

Mailing Address

6419 DIAMOND ST.
TAMPA FL 33619

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TAMPA FL 33619

2. Principal Place of Business

6419 Diamond St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

11-3644160

Applied For

Not Applicable

Zip
33619

Country

Hillsborough

Zip

Country

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

WALKER, ERNESTINE
6419 DIAMOND ST.
TAMPA FL 33619

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

Rev Ernestine Walker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-20-02

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME P/D
STREET ADDRESS Rev. Ernestine Pete Walker
CITY-ST-ZIP 6419 Diamond St.
Tampa, FL., 33619

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

TITLE ☐ Delete
NAME D
STREET ADDRESS Bishop. Arthur PAPA Bailey
CITY-ST-ZIP 1765- 28th St. So.
St. Petersburg, FL., 33712

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

TITLE ☐ Delete
NAME D
STREET ADDRESS Sis. Helen C. Walker
CITY-ST-ZIP 6419 Diamond St.
Tampa, FL., 33619

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Bishop Arthur PAPA Bailey

CR2E037 (4/02)