

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91338 039 *****70.00

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1. Entity Name
THE FULLNESS OF CHRIST MINISTRY OF MIRACLES AND HEALING CORP.



Principal Place of Business
**1901 WATKINS POINT
HERNANDO FL 34442**

Mailing Address
**POST OFFICE BOX 251
BROOKER FL 32622**

11025011



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**300 NW 20th AVE
APT # 3**

3. Mailing Address
P.O. Box 251

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gainesville, FL

City & State
BROOKER, FL

4. FEI Number
752989188

Applied For
Not Applicable

Zip
32609

Country
United States

Zip
32622

Country
United States

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

**WHITE, JERALD
1901 WATKINS POINT
HERNANDO FL 34442**

Name
Same Name
Street Address (P.O. Box Number is Not Acceptable)

**300 NW 20th AVE APT # 3
City Gainesville, FL**

FL Zip Code
32609

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 **Jerald J White** **Jerald J White** **4/24/03**
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 **D** ☐ Delete
NAME **WHITE, JERALD**
STREET ADDRESS **POST OFFICE BOX 251**
CITY-ST-ZIP **BROOKER FL 32622**

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

TITLE **TD** ☐ Delete
NAME **WHITE, GASHUNDA**
STREET ADDRESS **POST OFFICE BOX 251**
CITY-ST-ZIP **BROOKER FL 32622**

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

TITLE **SD** ☐ Delete
NAME **FOSTER, AMY**
STREET ADDRESS **POST OFFICE BOX 251**
CITY-ST-ZIP **BROOKER FL 32622**

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

TITLE **D** ☒ Delete
NAME **STENSON, H T**
STREET ADDRESS **POST OFFICE BOX 706**
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE ☐ Change ☒ Addition
NAME **White, Betty**
STREET ADDRESS **300 NW 20th AVE APT # 3**
CITY-ST-ZIP **Gainesville FL 32609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: **Jerald J White** **REQUIRE** **Jerald J White** **4/24/03** **(352) 371-1279**

CR2E037 (10/02)