

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

03-27-2003 90091 004 ****61.25

DOCUMENT # N02000001202

1. Entity Name

WHOLE TRUTH GOSPEL MINISTRIES, INC.



Principal Place of Business

11990 BEACH BLVD., #345
JACKSONVILLE FL 32246

Mailing Address

11990 BEACH BLVD., #345
JACKSONVILLE FL 32246

2. Principal Place of Business

5895-5 St. Augustine Rd
Suite, Apt. #, etc.

3. Mailing Address

11990 Beach Blvd. #345
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

04-3651618

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

COLLINS, CEDRIC D SR
11990 BEACH BLVD., #345
JACKSONVILLE FL 32246

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 P
NAME COLLINS, CEDRIC D SR
STREET ADDRESS 11990 BEACH BLVD., #345
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete

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

TITLE V
NAME COLLIER, WILLIE F II
STREET ADDRESS 11990 BEACH BLVD., #345
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete

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

TITLE ST
NAME COLINS, SUSIE M
STREET ADDRESS 11990 BEACH BLVD., #345
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

WILLIE F II COLLIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03 904-998-9029
Date Daytime Phone #

CR2E037 (10/02)