

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90013 035 ****66.25

DOCUMENT # N11263

1. Entity Name

**EBENEZER BIBLE WAY CHURCH OF OUR LORD JESUS CHRI
ST WORLD-WIDE (OF THE APOSTOLIC FAITH), INC.**

Principal Place of Business

Mailing Address

**14835 NW 7TH AVENUE
MIAMI FL 33168
US**

**255 N.E. 115 STREET
MIAMI FL 33169
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2610734

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

**CROOKS, WELTON L.
255 N.E. 115TH ST.
MIAMI FL 33161**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
PCDM
CROOKS, WELTON L.
STREET ADDRESS
255 N.E. 115TH ST.
CITY-ST-ZIP
NORTH MIAMI FL

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

TITLE NAME ☐ Delete
TD
CROOKS, WINNIFRED L.
STREET ADDRESS
255 N.E. 115TH ST.
CITY-ST-ZIP
NORTH MIAMI FL

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

TITLE NAME ☐ Delete
SD
HEMANS, ALIZON
STREET ADDRESS
4110 N.W. 203TH LANE
CITY-ST-ZIP
NORTH MIAMI FL

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

TITLE NAME ☐ Delete
D
BAXTER, RUPERT
STREET ADDRESS
4680 N.W. 8TH DR.
CITY-ST-ZIP
FT. LAUDERDALE FL

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

TITLE NAME ☐ Delete
D
BEREL, HAMILTON
STREET ADDRESS
4431 N.W. 170 STREET
CITY-ST-ZIP
MIAMI FL

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

TITLE NAME ☐ Delete
D
GRAHAM, PERLENE
STREET ADDRESS
760 NE 145 ST
CITY-ST-ZIP
NORTH MIAMI FL 33161

TITLE NAME ☐ 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: WELTON L. CROOKS 2/14/02 305-686-7535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)