

# 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**



DO NOT WRITE IN THIS SPACE

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	PCDM CROOKS, WELTON L.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	255 N.E. 115TH ST. NORTH MIAMI FL	
TITLE NAME	TD CROOKS, WINNIFRED L.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	255 N.E. 115TH ST. NORTH MIAMI FL	
TITLE NAME	SD HEMANS, ALIZON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4110 N.W. 203TH LANE NORTH MIAMI FL	
TITLE NAME	D BAXTER, RUPERT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4680 N.W. 8TH DR. FT. LAUDERDALE FL	
TITLE NAME	D BEREL, HAMILTON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4431 N.W. 170 STREET MIAMI FL	
TITLE NAME	D GRAHAM, PERLENE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	760 NE 145 ST NORTH MIAMI FL 33161	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 2/14/02 305-688-7535  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)