

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N29719**

1. Entity Name

WORDS OF SAVING GRACE MINISTRIES INCORPORATED

Principal Place of Business

**% ERNESTINE TAYLOR
105 WALNUT STREET
PERRY FL 32347**

Mailing Address

**% ERNESTINE TAYLOR
105 WALNUT STREET
PERRY FL 32347**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Perry FL

Zip

Country

32348

Country

TAYLOR

6. Name and Address of Current Registered Agent

**TAYLOR, ERNESTINE
105 WALNUT STREET
PERRY FL 32347**

4. FEI Number

59-3071555

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR-ADAMS, ERNESTINE	
STREET ADDRESS	105 WALNUT ST.	
CITY-ST-ZIP	PERRY FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, VERNITA	
STREET ADDRESS	9970 NW 51ST LANE	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, RUDOLPH, JR.	
STREET ADDRESS	750 NORTHWOOD CIRCLE	
CITY-ST-ZIP	WINTER PARK FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]***FILED**
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90015 029 ****61.25

80065772

DO NOT WRITE IN THIS SPACE

0015552

CR2E037 (10/00)