

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90094 016 ****70.00

DOCUMENT # N45067

1. Entity Name

JESUS THE LIGHT OF THE WORLD EVANGELISTIC PRAYER

Principal Place of Business

Mailing Address

7172 N.W. 19TH AVE.
 MIAMI FL 33147

7172 N.W. 19TH AVE.
 MIAMI FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0288119

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILSON, ANNIE MERCY DARLING
7172 N.W. 19 ST.
MIAMI FL 33147

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	D	<input type="checkbox"/> Delete
STREET ADDRESS	LABRANCHE, DARLENE	
CITY-ST-ZIP	7172 NW 19 AVE	
	MIAMI FL	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	WILSON, ANNIE MERCY D.	
CITY-ST-ZIP	7172 N.W. 19TH AVE.	
	MIAMI FL	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	PROCTOR, KAREN	
CITY-ST-ZIP	16001 NE 2ND AVE	
	MIAMI FL 33162	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	HENRY, TERRY	
CITY-ST-ZIP	7621 NW 17TH AVE	
	MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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: *ANNE M. DARLING* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-01 (805) 693-1630
 Date Daytime Phone #

CR2E037 (10/00)