

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90088 007 ****61.25

DOCUMENT # N47004	
1. Entity Name WLBC CABLE MINISTRIES, INC.	
Principal Place of Business 6221 NW 17TH COURT SUNRISE FL 33313 US	Mailing Address PO BOX 551385 FORT LAUDERDALE FL 33355-1385 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0339452		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GOLDEN, E. SCOTT 644 SOUTHEAST 4TH AVENUE FORT LAUDERDALE FL 33301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	NAME: JONES, SOPHIA STREET ADDRESS: 213 S 22ND AVE CITY-ST-ZIP: FT LAUDERDALE FL 33313	<input type="checkbox"/> Delete	TITLE: D NAME: Rick Thompson STREET ADDRESS: 6280 NW 14 Place CITY-ST-ZIP: Sunriseside Fl. 33313
TITLE: D	NAME: VANDERHOUTEN, LEBERT STREET ADDRESS: 2341 SW 46 AVE. CITY-ST-ZIP: FORT LAUDERDALE FL 33314	<input checked="" type="checkbox"/> Delete	TITLE: [Blank]
TITLE: T	NAME: JONES, CLARA STREET ADDRESS: 11358 SW 12TH COURT CITY-ST-ZIP: FT. LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE: [Blank]
TITLE: P	NAME: LOPEZ, MICHAEL F STREET ADDRESS: 6221 NW 17TH COURT CITY-ST-ZIP: SUNRISE FL	<input type="checkbox"/> Delete	TITLE: [Blank]
TITLE: D	NAME: CARPENTER, MARILYN STREET ADDRESS: 3512 SW 12 COURT CITY-ST-ZIP: FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete	TITLE: [Blank]
TITLE: D	NAME: EMORY, BRYAN STREET ADDRESS: 8414 N.W. 26 PLACE CITY-ST-ZIP: SUNRISE FL 33322	<input type="checkbox"/> Delete	TITLE: [Blank]

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: Clara Jones *Clara Jones* 3/17/00 (952) 484-9497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)