

# 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

Zip

Country

4. FEI Number

**65-0339452**

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

**GOLDEN, E. SCOTT**  
**644 SOUTHEAST 4TH AVENUE**  
**FORT LAUDERDALE FL 33301**

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	D	<input type="checkbox"/> Delete
NAME	JONES, SOPHIA	
STREET ADDRESS	213 S 22ND AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VANDERHOUTEN, LEBERT	
STREET ADDRESS	2341 SW 46 AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, CLARA	
STREET ADDRESS	11358 SW 12TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOPEZ, MICHAEL F	
STREET ADDRESS	6221 NW 17TH COURT	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, MARILYN	
STREET ADDRESS	3512 SW 12 COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EMORY, BRYAN	
STREET ADDRESS	8414 N.W. 26 PLACE	
CITY-ST-ZIP	SUNRISE FL 33322	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Thompson	
STREET ADDRESS	6280 NW 14 Place	
CITY-ST-ZIP	SUNRISE FL 33313	
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:

*Clara Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/17/00*  
Date

*(934) 484-9497*  
Daytime Phone #

CR2E037 (9/99)