

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90031 001 \*\*\*\*61.25

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**DOCUMENT # N47004**

1. Entity Name

**WHERE LIGHT BRINGS CHANGE CABLE MINISTRIES, INC.**

**(LA)**

Principal Place of Business

6221 NW 17TH COURT  
 SUNRISE FL 33313  
 US

Mailing Address

PO BOX 551385  
 FORT LAUDERDALE FL 33355-1385  
 US

**AVU026JU**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**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 \_\_\_\_\_

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**  
**After September 12, 2001, min. will be \$236.25**

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  Delete  
 NAME **D JONES, SOPHIA**  
 STREET ADDRESS **213 S 22ND AVE**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33313**

TITLE  Delete  
 NAME **D THOMPSON, RICK**  
 STREET ADDRESS **6280 NW 14 PL**  
 CITY-ST-ZIP **SUNRISE FL 33313**

TITLE  Delete  
 NAME **T JONES, CLARA**  
 STREET ADDRESS **11358 SW 12TH COURT**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE  Delete  
 NAME **P LOPEZ, MICHAEL F**  
 STREET ADDRESS **6221 NW 17TH COURT**  
 CITY-ST-ZIP **SUNRISE FL**

TITLE  Delete  
 NAME **D EMORY, BRYAN**  
 STREET ADDRESS **8414 N.W. 26 PLACE**  
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  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)*

8/15/01

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