

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47004

1. Entity Name

WHERE LIGHT BRINGS CHANGE CABLE MINISTRIES, INC.

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

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

0009450

Principal Place of Business

Mailing Address

6221 NW 17TH COURT
SUNRISE FL 33313
US

PO BOX 551385
FORT LAUDERDALE FL 33355-1385
US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0339452

☒ 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

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
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

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: [Signature] 8/15/01 954 4735438

CR2E037 (5/01)