

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N47004

FILED
Jul 20, 2002
Secretary of State

Entity Name: WHERE LIGHT BRINGS CHANGE CABLE MINISTRIES, INC.

Current Principal Place of Business:

6221 NW 17TH COURT
SUNRISE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 551385
FORT LAUDERDALE, FL 333551385 US

New Mailing Address:

FEI Number: 65-0339452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, SOPHIA
Address: 213 S 22ND AVE
City-St-Zip: FT LAUDERDALE, FL 33313

Title: D () Delete
Name: THOMPSON, RICK
Address: 6280 NW 14 PL
City-St-Zip: SUNRISE, FL 33313

Title: T () Delete
Name: JONES, CLARA
Address: 11358 SW 12TH COURT
City-St-Zip: FT. LAUDERDALE, FL

Title: P () Delete
Name: LOPEZ, MICHAEL F
Address: 6221 NW 17TH COURT
City-St-Zip: SUNRISE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: JONES, CLARA I SECRETA
Address: 11358 SW 12 COURT
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARA JONES

T/S

07/20/2002

Electronic Signature of Signing Officer or Director

_____ Date