

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # N47885

1. Entity Name

WORD OF LIFE CHURCH OF GOD IN CHRIST, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-21-2000 90117 008 ****70.00

Principal Place of Business

4100 NW 167TH STREET
 MIAMI FL 33055
 US

Mailing Address

P O BOX 552611
 MIAMI FL 33055-5611
 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

65-0308017

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FILINGS INC
 3732 NW 16TH ST
 FT LAUDERDALE FL 33311

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

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	P	<input type="checkbox"/> Delete
NAME	ERVIN, MICHAEL L	
STREET ADDRESS	18931 NW 33RD PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARVARD, ROBERT L	
STREET ADDRESS	18610 NW 42ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORSEY, KASHIMA	
STREET ADDRESS	7933 BILTMORE BLVD.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ERVIN, JOANNE	
STREET ADDRESS	18931 NW 33 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARNER, BARBARA	
STREET ADDRESS	2902 NW 162 ST.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEPBURN, KATHRYN	
STREET ADDRESS	561 NW 42ND ST	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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:

MICHAEL L. ERVIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000
 Date

305-620-9595
 Daytime Phone #

CR2F037 (9/99)