

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48410

1. Entity Name

TRUE FAITH CHURCH OF GOD INC.

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90049 010 \*\*\*61.25

0032565

Principal Place of Business

532 46TH STREET  
WEST PALM BEACH FL 33407  
US

Mailing Address

532 46TH STREET  
WEST PALM BEACH FL 33407  
US

2. Principal Place of Business

532 46th Street  
Suite, Apt. #, etc.  
532 46th Street  
City & State  
W.P.B. FL  
Zip  
33407 Country  
FB

3. Mailing Address

532 46th Street  
Suite, Apt. #, etc.  
532 46th Street  
City & State  
W.P.B. Florida  
Zip  
33407 Country  
FB



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0262353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BASIL, ALLEN  
380 CROSSPOINT DRIVE  
PORT ST LUCIE FL 34893

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD WRIGHT, DORI 511 47 STREET WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, JUSTIN 511 47TH ST. WEST PALM BCH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JOYCE 413 42ND STREET WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP ALLEN, BASIL 380 CROSSPOINT ROAD PORT ST LUCIE FL 34893	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JOHNSON, JAMES H 122 W 27 ST RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E KERR, DORIS 831 HAWTHORNE DRIVE LAKE PARK FL 33403	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Doris Wright DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)