

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003185

1. Entity Name

TRUE LIFE INTERNATIONAL HEALING MINISTRIES, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90181 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8307 N.W. 22ND AVENUE  
 MIAMI FL 33147

8307 N.W. 22ND AVENUE  
 MIAMI FL 33147-4101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0535669

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

GRAHAM, CANTON  
 1790 N.W. 82ND STREET  
 MIAMI FL 33147

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
 NAME GRAHAM, VERONICA  
 STREET ADDRESS 1790 N.W. 82ND STREET  
 CITY-ST-ZIP MIAMI FL 33147

TITLE D ☐ Change ☒ Addition  
 NAME PHILIP ROLLE  
 STREET ADDRESS 1260 N.W. 95th MIAMI FL 33147  
 CITY-ST-ZIP

TITLE D ☒ Delete  
 NAME FORBES, KATRINE DR.  
 STREET ADDRESS 11760 BERRY DRIVE  
 CITY-ST-ZIP COOPER CITY FL 33026

TITLE D ☐ Change ☒ Addition  
 NAME D: FRANCES ROLLE  
 STREET ADDRESS 1260 N.W. 95th MIAMI FL 33147  
 CITY-ST-ZIP

TITLE D ☒ Delete  
 NAME PASCAL, BERUIL  
 STREET ADDRESS 1610 N.W. 127TH STREET  
 CITY-ST-ZIP MIAMI FL 33167

TITLE D/T ☐ Change ☒ Addition  
 NAME BERTHA MILLER  
 STREET ADDRESS 2215 N.W. 97th  
 CITY-ST-ZIP MIAMI FL 33147

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
 NAME JAMES WHILEY  
 STREET ADDRESS 1790 N.W. 82nd  
 CITY-ST-ZIP MIAMI FL 33147

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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: *Veronica Graham* VERONICA GRAHAM 4/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 836-9286  
 305 696-4230

CR2E037 (9/99)