

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # n95000002047

1. Entity Name

THE CHURCH OF GOD WORLD FELLOWSHIP, INC.

FILED

00 MAY 23 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3145 NW 168 Terr
Miami, FL 33056

19601 NW 7th CT
Miami, FL 33169

2. Principal Place of Business

3145 NW 168 Terr.

3. Mailing Address

19601 NW 7th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0153246

Applied For

Not Applicable

Zip

33056

Country

Zip

33169

Country

USA

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

Frederick Wallen (Deceased 03/00)

Name

Murtelle Wallen

Street Address (P.O. Box Number is Not Acceptable)

19601 NW 7th CT

City

MIami

FL

Zip Code

33169

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: Murtelle Wallen

M. P. Wallen

April 29, 2000

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 P Frederick Wallen Delete
NAME
STREET ADDRESS 19601 NW 7th CT
CITY-ST-ZIP Miami, FL 33169

TITLE P Murtelle Wallen Change Addition
NAME
STREET ADDRESS 19601 NW 7th CT
CITY-ST-ZIP Miami, FL 33169

TITLE D Lola Brown Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD Dalbert Knight Change Addition
NAME
STREET ADDRESS 651 NW 177 ST.
CITY-ST-ZIP Miami, FL 33169

TITLE Retilda Broomfield Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD Gloria F. Williams Change Addition
NAME
STREET ADDRESS 19300 NW 7th CT
CITY-ST-ZIP Miami, FL 33169

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Vasil U. Williams Change Addition
NAME
STREET ADDRESS 2801 NW 168th Terr.
CITY-ST-ZIP Miami, FL 33056

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:

M. P. Wallen Murtelle Wallen

4/29/00 305/672-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CDB027 (0/00)