

# 2001 UNIFORM BUSINESS REPORT (UBR)

# FILED May 03, 2001 8:00 am Secretary of State

04-12-2001 90044 018 \*\*\*\*61.25

## DOCUMENT # N95000002047

1. Entity Name

**THE CHURCH OF GOD WORLD FELLOWSHIP INC.**

Principal Place of Business

3145 N.W. 168TH TERRACE  
MIAMI FL 33056

Mailing Address

19601 N.W. 7TH COURT  
MIAMI FL 33169

00040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0153246

Applied For

Not Applicable

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

**WALLEN, MURTELLE  
19601 N.W. 7 CT.  
MIAMI FL 33169**

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: **PD**  Delete  
NAME: **WALLEN, MURTELLE**  
STREET ADDRESS: **19601 N.W. 7TH CT.**  
CITY - ST - ZIP: **MIAMI FL 33169**

TITLE: **SD**  Delete  
NAME: **KNIGHT, DALBERT**  
STREET ADDRESS: **651 N.W. 177 STREET**  
CITY - ST - ZIP: **MIAMI FL 33169**

TITLE: **TD**  Delete  
NAME: **WILLIAMS, GLORIA F**  
STREET ADDRESS: **19300 N.W. 7TH COURT**  
CITY - ST - ZIP: **MIAMI FL 33169**

TITLE: **TD**  Delete  
NAME: **WILLIAMS, VASIL U**  
STREET ADDRESS: **2801 N.W. 168TH TERRACE**  
CITY - ST - ZIP: **MIAMI FL 33056**

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VP**  Change  Addition  
NAME: **Gordon, Lester**  
STREET ADDRESS: **19601 N.W. 7th CT**  
CITY - ST - ZIP: **Miami, FL 33169**

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

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NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

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TITLE:  Change  Addition  
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)(f), 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:

*Murteile Wallen*  
**Murteile Wallen**  
**President**

4/8/01

(305)652-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20037 (10/00)