

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-13-2002 90123 033 ****61.25

DOCUMENT # **N95000002047**

1. Entity Name

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

International First Born Church of TF

Principal Place of Business

Mailing Address

46 N.W. 168TH TERRACE
 MIAMI FL 33056

19601 N.W. 7TH COURT
 MIAMI FL 33169

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

65-0153246

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | P D | <input type="checkbox"/> Delete |
| NAME | WALLEN, MURTELLE | |
| STREET ADDRESS | 19601 N.W. 7TH CT. | |
| CITY-ST-ZIP | MIAMI FL 33169 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | KNIGHT, DALBERT | |
| STREET ADDRESS | 651 N.W. 177 STREET | |
| CITY-ST-ZIP | MIAMI FL 33169 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | WILLIAMS, VASIL U | |
| STREET ADDRESS | 2801 N.W. 168TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33056 | |
| TITLE | VPD T | <input type="checkbox"/> Delete |
| NAME | GORDON, LESTER | |
| STREET ADDRESS | 19601 NW 7 CT | |
| CITY-ST-ZIP | MIAMI FL 33169 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------------|--|
| TITLE | S D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BROOMFIELD, RETILDA | |
| STREET ADDRESS | 313 SW 78 AVENUE | |
| CITY-ST-ZIP | NORTH LAUDERDALE FL 33068 | |
| 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: *X Murstelle Wallen* **MURTELLE WALLEN-Pres. 4-2-02 (305)652-2722**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)