

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004435

1. Entity Name

TRUE FAITH GREATER NEW TESTAMENT CHURCH INC.

Principal Place of Business

1630 NW 2ND AVE
POMPANO BEACH FL 33060

Mailing Address

1630 NW 2ND AVE
POMPANO BEACH FL 33060

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

65-0382316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOTON, NATHANIEL
1630 NW 2ND AVE
POMPANO BEACH FL 33060

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 PD
NAME MOTON, NATHANIEL SR
STREET ADDRESS 1630 NW 2ND AVE
CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Delete

TITLE VD
NAME NELSON, OTIS
STREET ADDRESS 1812 NW-15 COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete

TITLE TD
NAME CRUMP, CASSANDRA
STREET ADDRESS 530 NE 4 AVE. #1
CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Delete

TITLE DS
NAME JAMES, DELORIS
STREET ADDRESS 2720 NW 9 COURT
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

DELORIS JAMES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

954 972-3477
Date Daytime Phone #

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90146 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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