

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90415 022 ***175.00

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 **OTIS NELSON SR**

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

1812 NW 15 CT

City **FT LAUDERDALE**

FL

Zip Code **33311**

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

OTIS NELSON SR

OTIS NELSON SR

4/8/02

(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	<input type="checkbox"/> Delete
NAME	MOTON, NATHANIEL SR	
STREET ADDRESS	1630 NW 2ND AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, OTIS	
STREET ADDRESS	1812 NW 15 COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CRUMP, CASSANDRA	
STREET ADDRESS	530 NE 4 AVE. #1	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JAMES, DELORIS	
STREET ADDRESS	2720 NW 9 COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTIS NELSON SR	
STREET ADDRESS	1812 NW 15 CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATHANIEL MOTON SR	
STREET ADDRESS	1630 NW 2ND AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUEL BELL	
STREET ADDRESS	1516 NW 11 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
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:

DELORIS JAMES

4/8/02 954 9723647

(Signature and typed or printed name of signing officer or director)

CR2E037 (9/01)