## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 15, 2000 8:00 am Secretary of State DOCUMENT # N9600006397 1. Entity Name WORD FAITH MINISTRIES OF FORT LAUDERDALE, INC. 05-15-2000 90194 009 \*\*\*\*70.00 Principal Place of Business Mailing Address 1751 NW 36TH AVE. 5425-5427 N STATE RD 7 FORT LAUDERDALE FL 33311-4129 TAMARAC FL 33319 00903322. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0714229 Not Applicable Ζiρ Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STUBBS, STANLEY 1751 NW 36TH AVE. FORT LAUDERDALE FL 33311 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **FEE IS \$61.25 Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE Addition TITLE NAME NAME STUBBS, STANLEY STREET ADDRESS STREET ADDRESS 1751 NW 36TH AVE. CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Change ☐ Addition TITLE VD. Delete TITLE NAME WHEELER, GUY NAME STREET ADDRESS STREET ADDRESS 1751.NW 36TH AVE. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 Delete Change Addition TITLE STD TITLE NAME STUBBS, MOLLIE NAME STREET ADDRESS STREET ADDRESS 1751 NW 36TH AVE. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 TITLE ☐ Delete TITLE ☐ Change Addition NAME HARLEY, TODD STREET ADDRESS STREET ADDRESS 4045 NW 90TH AVE CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 Delete TITLE ☐ Change Addition TITLE NAME TOLIVER, JENNIFER STREET ADDRESS STREET ADDRESS 3985 NW 38TH AVE CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33309 ☐ Delete TITLE ☐ Change ☐ Addition TITLE MATTHEW, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 4891 N.W. 75TH AVE. CITY-ST-ZIP CITY-ST-ZIP <u>Lauderhill Fl 33319</u> 12. Thereby certify that the information supplied with this filling 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: ED NAME OF SIGNING OFFICER OR DIRECTOR