

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001462

1. Entity Name

WORD OF GOD MINISTRIES OF TAMPA, INCORPORATED

Principal Place of Business

Mailing Address

REV. BETTY J. DORSEY  
6608 N. 23RD STREET  
TAMPA FL 33610

REV. BETTY J. DORSEY  
6608 N. 23RD STREET  
TAMPA FL 33610-1304

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

59-3433382

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

DORSEY, BETTY J  
6608 N. 23RD STREET  
TAMPA FL 33610

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 SD  
NAME WATLEY, CAPRI F.  
STREET ADDRESS 6608 N. 23RD STREET  
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE SD  
NAME Watley, Capri F.  
STREET ADDRESS 9002 N. 78th St A.  
CITY-ST-ZIP TAMPA, FL 33637 ☒ Change ☐ Addition

TITLE TD  
NAME ANDERSON, SANDRA F  
STREET ADDRESS P.O. BOX 173431  
CITY-ST-ZIP TAMPA FL 33672 ☐ Delete

TITLE TD  
NAME Anderson, Sandra F.  
STREET ADDRESS P.O. BOX 173431  
CITY-ST-ZIP TAMPA, FL 33672 ☐ Change ☐ Addition

TITLE PD  
NAME DORSEY, BETTY J  
STREET ADDRESS 6608 N 23RD STREET  
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE PD  
NAME Dorsey, Betty J  
STREET ADDRESS 6608 N 23rd St.  
CITY-ST-ZIP TAMPA, FL 33610 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

Betty J. Dorsey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

Daytime Phone #

813-237-8650

813-232-7544

CR2E037 (9/99)