

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90131 009 ****70.00

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

000001462



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3433382

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
SD	WATLEY, CAPRI F	9002 N 78TH ST A	TAMPA FL 33610	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	ANDERSON, SANDRA F	P.O. BOX 173431	TAMPA FL 33672	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	DORSEY, BETTY J	6608 N 23RD STREET	TAMPA FL 33610	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

02/21/01
Date

813-237-8650
Daytime Phone #

CP-9037 (10/00)