

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002913

1. Entity Name

EVERLASTING WORD OF FAITH MINISTRIES, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90382 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5497 NW 53RD ST  
 OCALA FL 32675

5497 NW 53RD ST  
 OCALA FL 34482-2869

2. Principal Place of Business

3. Mailing Address

202 S. Magnolia Ave  
 Suite 5

P.O. Box 4343

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Ocala FL

City & State  
 Ocala FL

4. FEI Number  
 59-3448063

Applied For  
 Not Applicable

Zip  
 34474

Country

Zip  
 34478

Country  
 USA

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

LOFTON, RUTH A  
 5497 NW 53RD ST  
 OCALA FL 32675

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DTS  
 LOFTON, RUTH A  
 5497 NW 53RD ST  
 OCALA FL 32675 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 LOFTON, FREDDIE H  
 5497 NW 53RD ST  
 OCALA FL 32675 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 GIBSON, KEITH  
 245 NE 45TH PL  
 OCALA FL 34479 ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 P  
 LEWIS, HENRY JR.  
 2011 SW 4TH ST  
 OCALA FL 34474 ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D V  
 FRANKLIN, DEMETRIUS A  
 2251 NW 3RD ST  
 OCALA FL 34478 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 T  
 GIBSON, LEAH T  
 245 NE 45TH PL  
 OCALA FL 34479 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/28/00 3526221873

CR2E037 (9/99)