

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90683 019 ****61.25

DOCUMENT # N97000002913

1. Entity Name

EVERLASTING WORD OF FAITH MINISTRIES, INC.

Principal Place of Business

**202 S MAGNOLIA AVE
 SUITE 5
 OCALA FL 34474**

Mailing Address

**PO BOX 4343
 OCALA FL 34478
 US**

436831



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

59-3448063

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

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

TITLE **Lewis, Kayla** ☐ Change ☒ Addition
 NAME **5295 NW 53rd Ln**
 STREET ADDRESS **Ocala, FL 34482**
 CITY-ST-ZIP **Secretary**

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

TITLE **Aerin Lofton** ☐ Change ☒ Addition
 NAME **5497 NW 53rd St**
 STREET ADDRESS **Ocala FL 34482**
 CITY-ST-ZIP

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

TITLE **Lewis, Henry** ☐ Change ☒ Addition
 NAME **5295 NW 53rd Ln**
 STREET ADDRESS **Ocala FL 34482**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

Ruth Lofton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

352 623 1783

Daytime Phone #

CR2E037 (9/01)