

DOCUMENT # N97000004589

1. Entity Name

WORLDWIDE UNITY OF LOVE MINISTRIES, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90009 019 ****70.00

Principal Place of Business

P.O. BOX 1914
CRESTVIEW FL 32536

Mailing Address

P.O. BOX 1914
CRESTVIEW FL 32536

2. Principal Place of Business

3. Mailing Address

1079 DOVER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CITY & STATE
HAVANA, FL

Zip

Country

Zip
32333

Country

USA

4. FEI Number

59-3490692

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

WOMACK, DERICK
RT 14 BOX 348-3
TALLAHASSEE FL 32304

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
After September 13, 2000 min. will be \$236.25

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
DP
WOMACK, DERICK
RT 14 BOX 348-3
TALLAHASSEE FL 32304 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOMACK, VERNESIA
RT 14 BOX 348-3
TALLAHASSEE FL 32304 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOLDEN, WILLIE
RT 14 BOX 348-3
TALLAHASSEE FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BOBBIE GROOVER
1079 DOVER RD
HAVANA, FL 32333 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00

Date

Daytime Phone #

(850) 539-7480

CR2E037 (5/00)