

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90176 031 ****61.25

DOCUMENT # N97000004783

1. Entity Name

WORD OF FAITH CHURCH AND MINISTRIES, INC.

Principal Place of Business

Mailing Address

13935 SW 49TH CIRCLE TERRACE
 MIAMI FL 33175
 US

P O BOX 161322
 MIAMI FL 33116-1322
 US

2. Principal Place of Business

11712 SW 168 TERR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-0292824

Applied For

Not Applicable

Zip

33177

Country

U.S.A

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ, JESUS M
 13935 SW 49TH CIRCLE TERRACE
 MIAMI FL 33175

7. Name and Address of New Registered Agent

Name **Lesly PHANOR**

Street Address (P.O. Box Number is Not Acceptable)

11712 SW 168 TERR

MIAMI, FL 33177

City

FL

Zip Code

33177

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)

Lesly Phanor

1/16/2000

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

TITLE **PD** Delete
 NAME **RUIZ, JESUS M**
 STREET ADDRESS **13935 SW 49TH CIRCLE TERRACE**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VD** Delete
 NAME **GRAMCKO, RODOLFO F**
 STREET ADDRESS **10855 SW 112TH AVENUE, APT. #215**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **SD** Delete
 NAME **RUIZ, PATRICIA**
 STREET ADDRESS **13935 SW 49TH CIRCLE TERRACE**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **(D)** **Lesly Phanor (M)** Change Addition
 NAME **11712 SW 168 Terrace**
 STREET ADDRESS
 CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **(A)** **(President)** Change Addition
 NAME **Same Gramcko, Rodolfo**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **(T)** **MARK RIGOLL** Change Addition
 NAME **12901 SW 17 PL.**
 STREET ADDRESS
 CITY-ST-ZIP **DAVIE, FL 33331**

TITLE **(T)** **DAVID CHRISTIAN** Change Addition
 NAME **P.O.B. 161322**
 STREET ADDRESS
 CITY-ST-ZIP **MIAMI, FL 33116**

TITLE Change Addition
 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/00

Date

305-9699692

Daytime Phone #

CR2E037 (9/99)