2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700005387

SIGNATURE:

THE WORD OF GOD CHURCH OF THE PENTECOSTAL ASSEMBLIES OF THE WORLD APOSTOLIC FAITH, INC.



FILED Jun 04, 2003 8:00 am § Secretary of State

06-04-2003 90097 040 ****61.25

Principal Place of Business 1733 MERCY DRIVE		Mailing Address 1733 MERCY DRIVE						
ORLANDO FL 32808		ORLANDO FL 32808		j				
				I KARANDA DID IDIK	1860 880 880 880 88 0 880	451 88 (1996) (9 7	(S) (Q) (111)	
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number NOT APPLICABLE		<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Stat		8.75 Add ee Require		
	6. Name and Address of Curren	t Registered Agent		7. Name and Addre	ess of New Registered Ac	jent		
			Name	Name				
	I, BILLY G		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	Central BLVD D FL 32805							
OUPAIN	0 T L 42003					1 6		
			City		FL	Zip Code	е	
	named entity submits this statement f tions of registered agent.	or the purpose of changing its	registered office or registe	ered agent, or both, in th	e State of Florida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and the if applicable //NOTE	: Registered Agent signature require	and urban rollesterions)	DATE			
	Signatore, typed or printed flatile or registered agen	it and the it applicable. (NOTE	: negistereo Agent signature requir	an when remistating)				
	FILE NOW: FEE IS \$61.25		npaign Financing	\$5.00 May Be	Make Check			
5'		Trust Fund C	Contribution. \square	Added to Fees	Florida Departr	nent of S	state	
10.	OFFICERS AND D	HRECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIRE	ECTORS IN	I 10	
TITLE	P	☐ Delete	TITLE			☐ Change	Addition	
NAME	NEWTON, BILLY		NAME					
STREET ADDRESS CITY-ST-ZIP	306 N DOLLINS AVE		STREET ADDRESS CITY-ST-ZIP					
· · · · · · · · · · · · · · · · · · ·	ORLANDO FL 32805 S		_ 					
TITLE NAME	PAUL, DELLA	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	237 FANFARE AVE		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32811	<u> </u>	CITY-ST-ZIP			_		
TITLE	TR	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	NEWTON, TOBE		NAME					
STREET ADDRESS CITY-ST-ZIP	428 COTTAGE HILL RD ORLANDO FL 32805		STREET ADDRESS CITY-ST-ZIP					
TITLE	TR	☐ Delete	TITLE			Change	☐ Addition	
NAME	HOWELL, EDWARD	La Delete	NAME			onange		
STREET ADDRESS	112 BANTRY DRIVE		STREET ADDRESS					
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP					
TITLE	TR	☐ Delete	TITLE		!	Change	Addition	
NAME STREET ADDRESS	PERSON, JOAN 154 SIR TOPAZ LANE		NAME STREET ADDRESS					
CITY-ST-ZIP	LAKE MARY FL 32846		CITY-ST-ZIP					
TITLE	IN WIT TO VENTO	□ Delete	TITLE			Change	☐ Addition	
NAME		Delete	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					
12. I hereby of	certify that the information supplied wit	h this filing does not qualify for is true and accurate and that m	the exemption stated in S	Section 119.07(3)(i), Flori	da Statutes. I further certif	y that the in	nformation or director	
of the cor	on this report or supplemental report in portation or the receiver or trustee employer on an attachment with an address.	powered to execute this report	as required by Chapter 61	17, Florida Statutes; and	that my name appears in	3199k 10 or	Block 11 if	
changed,	or on an attachmen with an address,	with an other like empowered.		./ /	90	' /		