

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90114 024 \*\*\*\*61.25

**DOCUMENT # N98000002456**

1. Entity Name

**WORD OF FAITH CHRISTIAN CENTER, INC.**



Principal Place of Business

**2370 N.W. 87TH STREET  
MIAMI FL 33147**

Mailing Address

**2370 N.W. 87TH STREET  
MIAMI FL 33147**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0808495**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



11060677

6. Name and Address of Current Registered Agent

**CARTER, COLLIE  
2370 N.W. 87TH STREET  
MIAMI FL 33147**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Collie Carter*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/24/03*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **CARTER, COLLIE**  
STREET ADDRESS **2370 NW 87TH ST**  
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **TD** ☐ Delete  
NAME **CARTER, TERRY**  
STREET ADDRESS **262 NW 58TH ST**  
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **TSD** ☐ Delete  
NAME **MCGOWAN, DIANA L**  
STREET ADDRESS **1741 NW 48TH ST**  
CITY-ST-ZIP **MIAMI FL 33142**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

*Collie Carter*

*4/24/03 305/8369081*

CR2E037 (10/02)