2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800003464

	UNIFORM BUS		PRT (nrk)	¬ Sen	14. 2001	8.00	am	
DOCU 1. Entity Name	MENT # N98000	Sep 14, 2001 8:00 am Secretary of State							
-	OF THE WORLD CHRISTIAN	CENTER MINISTRIES	, L	(id	V 09	9-14-2001 90042 00 9-14-2001 90042 00	01 *****8.7	5	
Principal Plac	ce of Business	Mailing Address		$-\mathcal{L}_{\mathcal{A}}$					
7763 RAMONA STREET		7763 RAMONA STREET MIRAMAR FL 33025	7763 RAMONA STREET			782	59		
					 		- II 44140 (211) 41616	0)()(0(0) (00)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THE	S SPACE		
City & State		City & State		4. FEI Number 65-0912828 Applied For Not Applicable					
Zip Country		Zip Cou		у	5. Certificate of Status Desired \$8.75 Additional Fee Required			1	
	6. Name and Address of Current	Registered Agent			7. Name and Add	dress of New Registere	d Agent		1
	ı			Name					
FOTHERGILL, JERMETH A				Street Address (P.O. Box Number is Not Acceptable)					
7763 RAMONA STREET			-		<u> </u>		·		1
MIRAMAI	R FL 33025			City			Zip Coc	ie	┨
-				·		F]
8. The above	named entity submits this statement fo	or the purpose of changing its	registered	office or regis: حــــر	tered agent, or both, in	the state of Florida.			
1	To Vu . To	11.0 P-4160	10 4 11	1	V 11	00/201	a +57		
SIGNATURE	10 Way 1 JOR	MEHA A HOTHER	29111	(J.A.	FO They 16		2001		
	Signature, typed or printed name of registered agent	t and title if applicable, (NOT	E: Registered A	gent signature requi	eired when reinstating)	DATE	·		}
	FILE NOW, FEE 10 404 AG	0 51			4			•_	}
	FILE NOW: FEE IS \$61.25 ember 12, 2001, min. will be \$		mpaign.rina Contribution	nicing,	Added to Fees	Make Che Departm	ck Payable lent of State		 -
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND I	DIRECTORS IN	l 10	1
TITLE	DP	☐ Delete	TITLE				Change	☐ Addition	13
NAME	FOTHERGILL, JERMETH A		NAME						١
STREET ADDRESS	7763 RAMONA STREET		STREET A	1					
CITY-ST-ZIP	MIRAMAR FL 33025		CITY-ST	-217 .	<u> </u>			- Labore -	∤ ä
TITLE NAME	GREENE, WILLIAM H	Delete	: TITLE NAMÉ				☐ Change	☐ Addition	1
STREET ADDRESS	7763 RAMONA STREET		STREET A	ODRESS					
CITY-ST-ZIP	MIRAMAR FL 33025		CITY-ST	1			_		
TITLE	D	☐ Delete	TITLE		·		☐ Change	Addition	1
NAME	TYSON, PEARL R		NAME			:			
STREET ADDRESS	13290 N.W. 6TH PLACE		STREET A	- 1					1.
CITY-ST-ZIP	PLANTATION FL 33325		CITY-ST	·ZIP		<u> </u>		<u> </u>	1
TITLE	TRU	☐ Delete	TITLE			•	☐ Change	Addition	
NAME STREET ADDRESS	RANSOM, DURHELL 20515 NW 28TH AVE		NAME STREET A	ODRESS					ļ
CITY-ST-ZIP	OPALOKA FL 33056		CITY-ST						1
TITLE	TRE	☐ Delete	TITLE		 		☐ Change	Addition	1
NAME	CROSBY-WILLIAMS, GEMMA		NAME	}					
STREET ADDRESS	3154 NW 196TH ST		STREET A	1				•	
CITY-ST-ZIP	OPALOCKA FL 33056		CITY-ST	-ZIP			<u> </u>		1
TITLE	ADOUED HILDA C	Delete -				THE PETERS	Change	☐ Addition	
NAME STREET ADDRESS	ARCHER, HILDA C 2270 NW 64TH ST		NAME Street A	DDRESS	,				-
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST		`,				
	, 								

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

FILED