

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003675

1. Entity Name

TRUE FAITH ORIGINAL APOSTOLIC CHURCH OF JESUS, I  
NC.

Principal Place of Business

1700 NORTH WEST 15TH AVENUE  
FORT LAUDERDALE FL 33311

Mailing Address

3250 NW 2ND ST  
FORT LAUDERDALE FL 33311

2. Principal Place of Business

1104 NW 6th Street

3. Mailing Address

1700 NW 15th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Fl.

City & State

Fort Lauderdale, Fl.

Zip

Country

Zip

Country

4. FEI Number

65-0934795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILCHER, DELORIS  
1127 NORTH WEST 1ST AVENUE  
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name: Felicia Powell

Street Address (P.O. Box Number is Not Acceptable)  
3250 NW 2nd Street

City Fort Lauderdale

FL

Zip Code 33311

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's signature required when reinstating)

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	P	POWELL, DAVID	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		3250 NORTHWEST 2ND STREET	
CITY-ST-ZIP		FORT LAUDERDALE FL 33311	
TITLE	V	POWELL, BETTY JEAN	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		3250 NORTHWEST 2ND STREET	
CITY-ST-ZIP		FORT LAUDERDALE FL 33311	
TITLE	S	WILCHER, DELORIS	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1127 NORTH WEST 1ST AVENUE	
CITY-ST-ZIP		FORT LAUDERDALE FL 33311	
TITLE	D	SHEPPARD, PATRICIA	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		5211 NORTH WEST 17 STREET APT E	
CITY-ST-ZIP		LAUDERHILL FL 33313	
TITLE	T	WILSON, ROSA	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		3245 NORTH EAST 2ND STREET	
CITY-ST-ZIP		FORT LAUDERDALE FL 33311	
TITLE	D	ODUM, JOHN	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		210 NORTH EAST 35TH COURT	
CITY-ST-ZIP		FORT LAUDERDALE FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S	Powell, Felicia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		3250 NW 2nd Street	
CITY-ST-ZIP		Fort Lauderdale, Florida 33311	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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:

Betty Jean Powell

Date

Daytime Phone #

FILED  
Jul 02, 2002 8:00 am  
Secretary of State

05-28-2002 91512 023 \*\*\*\*61.25

96277



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)