

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0051754

05-03-2001 90915 029 *****75.00

DOCUMENT # N98000005825

1. Entity Name

WINGS OF HEALING EVANGELISTIC PENTECOSTAL MINIST

Principal Place of Business

Mailing Address

3 EVERGLADES STREET
 BELLE GLADE FL 33430-5015

3 EVERGLADES STREET
 BELLE GLADE FL 33430-5015

2. Principal Place of Business

3. Mailing Address

179 Cypress Avenue

P.O. Box 596

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pahokee, Florida

Pahokee, Florida

Zip

Country

Zip

Country

33476 Palm Beach

33476 Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORDAN, OTIS D
 3 EVERGLADES STREET
 BELLE GLADE FL 33430-5015

Name Otis D. Jordan

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

179 Cypress Avenue

City

Pahokee

FL

Zip Code

33476

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

Otis D. Jordan, Otis D. Jordan, President 4/16/01

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

(NOTE: Registered Agent 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, OTIS D 3 EVERGLADES ST BELLE GLADE FL 33430-5015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JORDAN, SHIRLEY S 3 EVERGLADES ST BELLE GLADE FL 33430-5015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEPHENS, TIFFANY R 672 SW 5TH STREET, APT 7 BELLE GLADE FL 33430-5015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Otis D. Jordan 179 Cypress Avenue Pahokee, FL 33476	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Shirley S. Jordan 179 Cypress Avenue Pahokee, FL 33476	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Edd M. Jordan 517 S. W. 9th Street Belle Glade, FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Otis D. Jordan, Otis D. Jordan, President 4/16/01 (561) 992-6962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)