

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007071

1. Entity Name

FAITH WORD OF LIFE CHURCH, INC.

Principal Place of Business

1801 TUSKAWILL ROAD
OVIEDO FL 32765

Mailing Address

P.O. BOX 2286
GOLDENROD FL 32733-2286

2. Principal Place of Business

2050 N. Semoran Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

130-24

City & State
Winter Park, FL

City & State

4. FEI Number

59-3487866

Applied For

Not Applicable

Zip

Country

Zip

Country

32792

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOREE, BARBARA
3652 S. ST LUCIE DRIVE
CASSELBERRY FL 32707

Name

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

City

FL

Zip Code

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 signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$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 PD
NAME Jeffrie Leon Goree
STREET ADDRESS 3652 S. St. Lucie Dr.
CITY-ST-ZIP Casselberry, FL 32707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME Barbara Lynn Goree
STREET ADDRESS 3652 S. St. Lucie Dr
CITY-ST-ZIP Casselberry, FL 32707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME Robert Pettaway
STREET ADDRESS 1990 Aquarius Ct.
CITY-ST-ZIP Oviedo, FL 32766

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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: *Jeffrie Leon Goree* DATE: 4/5/00 (407) 696-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE