

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/14

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90020 021 \*\*\*\*61.25

**DOCUMENT # N99000002267**

1. Entity Name

**WORD FOCUS MINISTRIES INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

1557 CESERY BLVD  
 JACKSONVILLE FL 32211

1557 CESERY BLVD  
 JACKSONVILLE FL 32211-5329

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

65-1801826

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**VAN STADEN, DEON**  
**1557 CESERY BLVD**  
**JACKSONVILLE FL 32211**

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.

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

(NOTE: Registered Agent signature required when reinstating)

2/7/00

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**

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Delete

☐ Change ☐ Addition

**P**  
**VAN ZYL, JOHANNES B**  
**14 MOPEL AVE. PROTEA PARK**  
**0305 RUSTENBERG, S. AFRICA**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

**V**  
**VAN STADEN, DEON**  
**1557 CESERY BLVD**  
**JACKSONVILLE FL 32211**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

**S**  
**DEWITT, ELDON**  
**2044 SPRINKLE DR.**  
**JACKSONVILLE FL 32211**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

904 743-9094

Daytime Phone #

CR2E037 (9/99)