2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900006584

5/16/01-90051-039-\$61.25-\$61.25 * 9/12/01-90004-050-\$66.25-\$66.25

> FILED SEURE FARY OF STATE WISION OF CORPORATION

1. Entity Na	me			1 / ± v	ISION OF CORP	SIME		
THE TRUE LABORS' OF CHRIST MINISTRY, INC.					() ()	MAHDES		
<u>-</u>				_(AV) (NOCT-9 AM	9:18		
Principal Pla	ice of Business	Mailing Address				-		
2402 N.W. 9 POMPANO E	VTH STREET BEACH FL 33069	2402 N.W. 9TH STREET POMPANO BEACH FL				•		
		•			a 1817a (18 77) er aki ari nda ar inda ar	KU BENIR OKRAL BURAL K	EUR BLAL JAAR	
2. Principal	2 N.W. 945 tre	3. Mailing Address						
Suite, Apt		Suite, Apt. #, etc.	19th 8to		DO NOT WRITE IN TH	S SPACE		
City & Sta	MPMO Beach EL3300A	Pompone B	each Fl.	4. FEI Number 65-0960	APPLIED FOR	 	olied For Applicable	
3306	9 Drousand	33069	Brown Country	5. Certificate of	9 6	\$8.75 Addit	tional	
	6. Name and Address of Current F	legistered Agent		7. Name and Ac	dress of New Registere	d Agent		
 -			Name	Rolle	Inmes	• 		
ROLLE,	James 1. 30th avenue		Street Address (P.O. Box Number is Not Acceptable)					
	IO BEACH FL 33069		24	8402 N.W. 9th street				
			CityP	mano Be	each F	L Zip Code	69	
8. The above	named entity submits this statement for	the purpose of changing it	s registered office or re	egistered agent, or both, i	n the state of Florida.			
	1/2 1-9/4/	[V]_	•		0 1		1	
SIGNATURE	Stopature, typed or primed name of registered egent ar	d title if anningshie (NC	TE: Registered Agent signature	rare trad when rejectables?	9-6-6	TL		
				TOTAL W. ANTI-ONIS CO. M. S.	T			
	FILE NOW: FEE IS \$61.25		mpaign Financing	\$5.00 May Be	Make Che	ck Payable to	,	
After Sept	ember 12, 2001, min. will be \$23	6.25 Trust Fund	Contribution. —— €	Added to Fees	Departm	ent of State		
10.	OFFICERS AND DIRE	CTORS	11.		SES TO OFFICERS AND D	DIRECTORS IN 1	0	
ntle Name	PD ROLLE, JAMES	☐ Delete	TITLE A	ONE JAME	. 9	☐ Change	☐ Addition—	
STREET ADDRESS	601 N.W. 30TH AVENUE		STREET ADDRESS	402 NW 9	Street			
CITY-ST-ZIP	POMPANO BEACH FL 33069			om pano Be	ach El.3	<u> 3069</u>		
TITLE Name	VD Carter, Yvonne L	Oelete	TITLE NAME 6	VD' m D	115	☐ Change	☐ Addition	
STREET ADDRESS	7589 HAMPTON BLVD.		STREET ADDRESS	HOEN.W.9	# Street		1	
CITY-ST-ZIP	N. LAUDERDALE FL 33068		CITY-ST-ZIP	ompno Be	ach FL 3	3069		
ntle Lame	STD JOHNSON, DOROTHY	Delete	NAME	whoson Do	POTHY		Addition * i**	
STREET ADDRESS	600 N.W. 30TH AVENUE		STREET ADDRESS	100 NW 35	wenue -	. ا		
CITY-ST-ZIP	POMPANO BEACH FL 33069		CITY-ST-ZIP	pomposto	beach th	2.3304	29	
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TREET ADDRESS			STREET ADDRESS					
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ITLE		☐ Delete	-IIITE	The water water and the second	18-71/18	Change [Addition	
itreet address ,	·		NAME STREET AODRESS	·	11 101 -			
CITY-ST-ZIP		· 	CITY-ST-ZIP		Ψ			
ITLE		☐ Delete	TITLE			☐ Change [Addition	
iame Treet address			NAME STREET ADDRESS					
TY-SY-ZIP			CITY-ST-ZIP		•		1	
2. hereby c	certify that the information supplied with the on this report or supplemental report is trestated as the resisting of the resistance	is filing does not qualify to	r the exemption stated	in Section 119.07(3)(i). Fit	orida Statutes. I further ce	rtify that the info	rmation	
hateainns	on this report or supplemental report is to	ue and accurate and that i	ny signatura shall have	the same long offert as	f made under eath; that I		-11	