

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90117 033 ****70.00

DOCUMENT # P13999

1. Entity Name

WORLD FAITH SOCIETY INC.

Principal Place of Business

Mailing Address

PO BOX 560561
 ROCKLEDGE FL 32956-0561
 US

PO BOX 560561
 ROCKLEDGE FL 32956-0561
 US

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 **59-2782461**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASHE', BISHOP JOHN
1637 SUE DRIVE
COCOA FL 32922

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. ☐

\$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 **D** ☐ Delete
 NAME **CASHE', BISHOP JOHN**
 STREET ADDRESS **1637 SUE DRIVE**
 CITY-ST-ZIP **COCOA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CASHE', REV. DIANA C.**
 STREET ADDRESS **1637 SUE DRIVE**
 CITY-ST-ZIP **COCOA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **BENDER, WAYNE D.**
 STREET ADDRESS **1639 SUE DRIVE**
 CITY-ST-ZIP **W. MELBOURNE FL**

TITLE ☒ Change ☐ Addition
 NAME **GINGER ROSE**
 STREET ADDRESS **76 NORTH WESTVIEW COURT**
 CITY-ST-ZIP **MELBOURNE, FLORIDA, 32934**

TITLE **D** ☒ Delete
 NAME **ROSE, GINGER**
 STREET ADDRESS **2419 SUMMERSET DR**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☒ Change ☐ Addition
 NAME **Wayne Bender**
 STREET ADDRESS **1639 SUE DRIVE**
 CITY-ST-ZIP **COCOA, FLORIDA 32922**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4-26-2002 321-6228555

CR2E037 (9/01)