

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 769345**

1. Entity Name

**WORLD'S CHURCH OF THE LIVING GOD OF POMPANO BEAC**

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90093 041 \*\*\*\*70.00

Principal Place of Business <b>4001 D VIRGINIA AVE FORT PIERCE FL 34981 US</b>	Mailing Address <b>P.O. BOX 7674 PORT ST. LUCIE FL 34985-7674 US</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-2309279</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ROLLINS, FRANK  
255 ESSEX DRIVE  
PT ST LUCIE FL 34984**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

TITLE <b>SD</b>	NAME <b>BENJAMIN, QUEEN</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1691 SW WEEDE LANE</b>	CITY-ST-ZIP <b>PT ST LUCIE FL</b>	
TITLE <b>T</b>	NAME <b>MILLER, ANNIE JOYCE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>411 SW LANCASTER</b>	CITY-ST-ZIP <b>PORT ST LUCIE FL 34984</b>	
TITLE <b>PD</b>	NAME <b>ROLLINS, FRANK</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>255 ESSEX DRIVE</b>	CITY-ST-ZIP <b>PT ST LUCIE FL</b>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE <b>T</b>	NAME <b>Miller, Annie Joyce</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>425 Coconut Avenue</b>	CITY-ST-ZIP <b>PORT ST LUCIE 34953</b>	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Frank Rollins **Frank Rollins** 4/9/2000 (561) 340-0384  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)