

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90220 010 ****70.00

DOCUMENT # 769345

1. Entity Name

WORLD'S CHURCH OF THE LIVING GOD OF POMPANO BEACH, FLORIDA INC.

Principal Place of Business

Mailing Address

4001 D VIRGINIA AVE.
 FORT PIERCE FL 34981
 US

P.O. BOX 7674
 PORT ST. LUCIE FL 34985
 US

2. Principal Place of Business

3. Mailing Address

4001 D Virginia Ave.

P.O. Box 7674

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Pierce Florida

Port St. Lucie Florida

Zip

Country

Zip

Country

34981

St. Lucie

34985

St. Lucie

4. FEI Number

59-2309279

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

ROLLINS, FRANK
255 ESSEX DRIVE
PT ST LUCIE FL 34984

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: **SD** Delete
 NAME: **BENJAMIN, QUEEN**
 STREET ADDRESS: **1691 SW WEENDE LANE**
 CITY-ST-ZIP: **PT ST LUCIE FL**

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

TITLE: **T** Delete
 NAME: **MILLER, ANNIE JOYCE**
 STREET ADDRESS: **1903 SE HILLMOOR DR., #15**
 CITY-ST-ZIP: **PORT SAINT LUCIE FL 34952**

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

TITLE: **PD** Delete
 NAME: **ROLLINS, FRANK**
 STREET ADDRESS: **255 ESSEX DRIVE**
 CITY-ST-ZIP: **PT ST LUCIE FL**

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

TITLE: Delete
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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 **SIGNATURE REQUIRED**

Frank Rollins

4-10-02

(561)340-0384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)