


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90130 045 ****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 Av. **P.O. Box 7674**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Fort 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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	BENJAMIN, QUEEN	
STREET ADDRESS	1691 SW WEEDE LANE	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, ANNIE JOYCE	
STREET ADDRESS	1903 SE HILLMOOR DR., #15	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROLLINS, FRANK	
STREET ADDRESS	255 ESSEX DRIVE	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benjamin, Queen	
STREET ADDRESS	3080 SW Briggs St.	
CITY-ST-ZIP	Port St. Lucie FL 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frank Rollins* **SIGNATURE REQUIRED** **Rollins** **4/25/03** **(772)340-0384**

CR2E037 (10/02)