

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758705

1. Entity Name
FIRST APOSTOLIC CHURCH
OF JESUS CHRIST

Principal Place of Business Mailing Address
1820 30TH ST SE
RUSKIN FL 33570

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 59-2389606 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

JOHNNY COOK
1820 30TH ST SE
RUSKIN FL 33570

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

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	P.	☐ Delete
NAME	JOHNNY COOK	
STREET ADDRESS	1820 30TH ST SE	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	VP.	☐ Delete
NAME	JAMES LA FRATTA	
STREET ADDRESS	1711 30TH ST SE	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	SEC.	☐ Delete
NAME	THOMAS L DRUMMOND	
STREET ADDRESS	1715 30TH ST SE	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	TR.	☐ Delete
NAME	SIEGRID LA FRATTA	
STREET ADDRESS	1711 30TH ST SE	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	DIRECTOR	☐ Delete
NAME	DONALD HALL	
STREET ADDRESS	3112 33rd Ave SE	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	DIRECTOR	☐ Delete
NAME	FREDRICK COOK	
STREET ADDRESS	5013 24th Ave Dr. E.	
CITY-ST-ZIP	Palm Bch FL 33421	

TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	TONY FONTANA	
STREET ADDRESS	205 W. Wheeler Rd.	
CITY-ST-ZIP	Seffner FL 33584	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Siegrid La Fratta (T) SIEGRID LA FRATTA 2-5-2000 813 645 6928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90006 005 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)