

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90041 020 ****61.25

0039654

DOCUMENT # 704142

1. Entity Name

THE HOLY GHOST CHURCH OF GOD OF THE APOSTALIC FA

Principal Place of Business

1250 N.W. 43RD ST.
 MIAMI FL 33142

Mailing Address

1250 N.W. 43RD ST.
 MIAMI FL 33142

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

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

MEDVIN, PHILIP
75 VALENCIA AVENUE
SUITE 900
CORAL GABLES FL 33134

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARLINE, BISHOP DANIEL	
STREET ADDRESS	1250 N.W. 43RD ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, DEACON WADE	
STREET ADDRESS	1250 N.W. 43RD ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARLINE, EVALENA	
STREET ADDRESS	1250 N.W. 43RD ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, JEWEL	
STREET ADDRESS	1250 N.W. 43RD ST.	
CITY-ST-ZIP	MIAMI FL 33142	
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		<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
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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:

Daniel D. Arline
 DANIEL D. ARLINE
 3/28/01

305-635-3673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)