

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90391 032 ****61.25

DOCUMENT # 712122

1. Entity Name

THE APOSTOLIC CHURCH OF PEACE OF LA BELLE, FLORI

Principal Place of Business

Mailing Address

**813 FORDSON AVE
 LABELLE FL 33935**

**P.O. BOX 719
 LABELLE FL 33975-0719
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0040229

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BROWN, DILSEY B.
 841 FORDSON AVE
 LABELLE FL 33935**

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 **VPD** ☒ Delete
 NAME **THOMAS, SIS. JACKIE**
 STREET ADDRESS **946 KISSIMMEE AVENUE**
 CITY-ST-ZIP **LABELLE FL** (DECEASED)

TITLE **D** ☐ Change ☒ Addition
 NAME **PASTOR EARNEST GRAHAM, SR.**
 STREET ADDRESS **841 FORDSON**
 CITY-ST-ZIP **LABELLE, FLORIDA 33935**

TITLE **PC** ☐ Delete
 NAME **FLUKER, LINNIE MAE**
 STREET ADDRESS **270 MARTIN LUTHER KING BLVD.**
 CITY-ST-ZIP **LABELLE FL**

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

TITLE **TD** ☐ Delete
 NAME **MCKINLEY, SIS. MARY L**
 STREET ADDRESS **572 MARTIN LUTHER KING BLVD**
 CITY-ST-ZIP **LABELLE FL**

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

TITLE **SD** ☐ Delete
 NAME **FORD, CAROLYN J**
 STREET ADDRESS **510 ELM ST**
 CITY-ST-ZIP **LABELLE FL**

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

TITLE **D** ☐ Delete
 NAME **BROWN, DILSEY B.**
 STREET ADDRESS **790 LINCOLN AVENUE**
 CITY-ST-ZIP **LABELLE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-00 (863) 675-1313

Date

Daytime Phone #

CR2E037 (9/99)