2002 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
Apr 11, 2002 8:00 am
Secretary of State

02-07-2002 90048 027 ****61.25

DOCUMENT # 712122

1. Entity Name

THE APOSTOLIC CHURCH OF PEACE OF LA BELLE, FLORI DA, INCORPORATED

Principal Place of Business	Mailing Address
813 FORDSON AVE LABELLE FL 33935	P.O. BOX 719 LABELLE FL 33975 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0040229 — 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
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 BROWN, DILSEY B — Dilsey B Brown
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1.19 2002

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 PC NAME FLUKER, LINNIE MAE STREET ADDRESS 270 MARTIN LUTHER KING BLVD. CITY-ST-ZIP LABELLE FL	☐ Delete	TITLE V-P NAME BROWN, DILSEY B. STREET ADDRESS 841 FORDSON AV CITY-ST-ZIP LaBelle, Fl. 33935	☒ Change ☐ Addition
TITLE TD NAME MCKINLEY, SIS. MARY L STREET ADDRESS 572 MARTIN LUTHER KING BLVD CITY-ST-ZIP LABELLE FL	☐ Delete	TITLE TD NAME McKinley, Mary L. STREET ADDRESS 840 Kissimmee AV. CITY-ST-ZIP LaBelle, Fl. 33935	☒ Change ☐ Addition
TITLE SD NAME FORD, CAROLYN J STREET ADDRESS 510 ELM ST CITY-ST-ZIP LABELLE FL	☒ Delete	TITLE PC NAME VIVIAN ST LOUIS STREET ADDRESS 585-14 ST N CITY-ST-ZIP NAPLES Fl. 34102	☐ Change ☒ Addition
TITLE D NAME BROWN, DILSEY B. STREET ADDRESS 790 LINCOLN AVENUE CITY-ST-ZIP LABELLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME GRAHAM, EARNEST PASTOR STREET ADDRESS 841 FORDSON CITY-ST-ZIP LABELLE FL 33935	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED Mary L McKinley 01-19-2002 863-675-4571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)