

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717924

1. Entity Name

THE WOMEN'S FELLOWSHIP ASSOCIATION OF THE APOSTO

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90043 005 ****61.25

Principal Place of Business

Mailing Address

18530 NW 47 AVENUE
 MIAMI FL 33055

18530 NW 47 AVENUE
 MIAMI FL 33055-2501

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

23-7161072

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

7. Name and Address of New Registered Agent

PACE-EALEY, HENRIETTA J
 66 W. FLAGLER ST
 SUITE 300
 MIAMI FL 33130

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:
FEES 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DP
 STREETER, ERNESTINE
 18530 NW 47 AVENUE
 MIAMI FL 33055

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DV
 WHITE, JACQUELYN
 510 NW 70 STREET
 MIAMI FL 33138

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DS
 TURNER, VERONICA
 3137 NW 5 AVENUE APT. 4
 MIAMI FL 33127

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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:

Ernestine Streeter
 Ernestine Streeter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-223-1841

CR2E037 (9/99)