

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90158 050 ****61.25

DOCUMENT # 719718

1. Entity Name

DAVIE APOSTOLIC CHURCH, INC.

Principal Place of Business

Mailing Address

**6451 ORANGE DR
 DAVIE FL 33314**

**6451 ORANGE DR
 DAVIE FL 33314**

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

59-1894869

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

**PALEVO, MICHAEL
 6453 ORANGE DR.
 DAVIE FL 33314**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
	D <input type="checkbox"/> Delete HOWE, S		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	33 W OKOMO DR	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	CITY-ST-ZIP	
	D <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HOWE, ROLAND	STREET ADDRESS	
CITY-ST-ZIP	33 OKOMD DR EAST	CITY-ST-ZIP	
	ST. <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PALEVO, KATHLEEN	STREET ADDRESS	
CITY-ST-ZIP	6453 ORANGE DR	CITY-ST-ZIP	
	DAVIE FL 33314		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	JONES, CLAUDE	STREET ADDRESS	
CITY-ST-ZIP	37 OKOMO DR WEST	CITY-ST-ZIP	
	HOLLYWOOD FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	P <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PALEVO, MICHAEL	STREET ADDRESS	
CITY-ST-ZIP	6453 ORANGE DRIVE	CITY-ST-ZIP	
	DAVIE FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

4/25/01

954-584-7350

Date

Daytime Phone #

CR2E037 (10/00)