2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 719718** 1. Entity Name



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90080 021 ****61.25

DAVIE APOSTOLIC CHURCH, INC.						32 12 2003 3000	0 021 01	1.23
Principal Place of Business 6451 ORANGE DR DAVIE FL 33314		Mailing Address 6451 ORANGE DR DAVIE FL 33314		ı,				
2. Principal Place of Business . 3. Mai		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-1894869 Applied For Not Applicable			
Zip Country		Zip	Zip Country		5. Certificate of Status Desired Section 5.			
	6. Name and Address of Current F	legistered Agent				ress of New Register		
	, MICHAEL IANGE DR.	en i ngga balandan mendi	, , ,		P.O. Box Number is N	lot Acceptable)	~ ~~~ <u>~</u> .	-
, DAVIC II	. 00017		City			<u> </u>	Zip Code	e
SIGNATURE .	Signature, typed or printed name of registered agent at FILE NOW: FEE IS \$61.25	9. Election	(NOTE: Registered Agent si Campaign Financir nd Contribution.	·	\$5.00 May Be Added to Fees		eck Payable	
10.	OFFICERS AND DIR	I ECTORS	11.		L ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARULANDA, CARLOS 2231 SW 14TH ST FORT LAUDERDALE FL 33312	☐ Delete	TITLE NAME STREET ADDRE				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWE, ROLAND 33 OKOMD DR EAST HOLLYWOOD FL	Delete	TITLE NAME STREET ADDRE	D D 0 1 20 1 7 1	minic Ben I NE 165T Louderdale,	incasa N	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PALEVO, KATHLEEN 6453 ORANGE DR DAVIE FL 33314	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CLAUDE 37 OKOMO DR WEST HOLLYWOOD FL	Delete '	TITLE NAME STREET ADDRE CITY-ST-ZIP	Chr SS 444	Listime po 19 Su 66 Vie, 7-1.	lero Tek. 33314	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALEVO, MICHAEL 6453 ORANGE DRIVE DAVIE FL	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP			•	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS			☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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: