

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90042 045 ****70.00

DOCUMENT # 727372

1. Entity Name

THE CHURCH OF JESUS CHRIST OF THE APOSTOLIC FAITH

Principal Place of Business

2525 N.W. 20TH ST.
 FORT LAUDERDALE FL 33311
 US

Mailing Address

2525 N.W. 20TH ST.
 FORT LAUDERDALE FL 33311-3410
 US

00019700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0365669

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, W. GEORGE, ESQ.
 ONE RIVER PLAZA, STE 701
 305 S ANDREWS AVE
 FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PHILLIPS, VICTOR	
STREET ADDRESS	551 N W 17TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ALLEN, FREDIE	
STREET ADDRESS	524 N.W. 3RD COURT	
CITY-ST-ZIP	HANDANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCRAY, MATTHEW	
STREET ADDRESS	5515 MAYO ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PHILLIPS, VICTOR A. J	
STREET ADDRESS	551 NW 17TH ST.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Victor Phillips
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000

Date Daytime Phone #

CF12E037 (9/99)