

2001 UNIFORM BUSINESS REPORT (UBR)

2. **FILED**
Mar 07, 2001 8:00 am
Secretary of State

02-08-2001 90162 006 ****61.25

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
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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 **T.** Delete
 NAME **PHILLIPS, VICTOR**
 STREET ADDRESS **551 N W 17TH ST**
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **DT.** Delete
 NAME **ALLEN, FREDIE**
 STREET ADDRESS **524 N.W. 3RD COURT**
 CITY-ST-ZIP **HANDANDALE FL**

TITLE **D.** Delete
 NAME **MCCRAY, MATTHEW**
 STREET ADDRESS **5516 MAYO ST.**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **S.** Delete
 NAME **PHILLIPS, VICTOR A. J**
 STREET ADDRESS **551 NW 17TH ST.**
 CITY-ST-ZIP **POMPANO BCH. FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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TITLE Change Addition
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 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

2/6/2001
 Date

954-485-3004
 Daytime Phone #

CR2E037 (10/00)