

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90074 026 \*\*\*\*61.25

**DOCUMENT # 727372**

1. Entity Name

**THE CHURCH OF JESUS CHRIST OF THE APOSTOLIC FAITH INC.**

Principal Place of Business

Mailing Address

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

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

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

**65-0365669**

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PDT	PHILLIPS, VICTOR	551-N W 17TH ST	POMPANO BEACH FL	<input type="checkbox"/>
DT	ALLEN, FREDIE	524 N.W. 3RD COURT	HANDANDALE FL	<input type="checkbox"/>
SD	PHILLIPS, VICTOR A J	551 NW 17TH ST.	POMPANO BCH. FL	<input type="checkbox"/>
MINISTER	CHRISTOPHER PHILLIPS	2700 SOMERSET DR #201	LAUDERDALE LAKES, FL 33311	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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

1-15-2002

Date

Daytime Phone #

CR2E037 (9/01)