
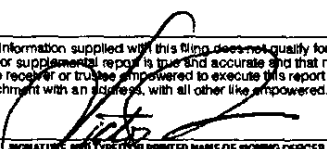


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 727372					
1. Entity Name THE CHURCH OF JESUS CHRIST OF THE APOSTOLIC FAITH INC.					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 85-0365869	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, W. GEORGE, ESQ. ONE RIVER PLAZA, STE 701 306 S ANDREWS AVE FT. LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name W. GEORGE ALLEN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 300 S.W. 3RD AVE PENTHOUSE FLOOR City FORT LAUDERDALE FL Zip Code 33316		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when submitting) DATE _____					
FILE NOW FEES \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PDT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, VICTOR		NAME		
STREET ADDRESS	661 N W 17TH ST		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, FREDIE		NAME		
STREET ADDRESS	624 N.W. 3RD COURT		STREET ADDRESS		
CITY-ST-ZIP	HANDANDALE, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, VICTOR A J		NAME	PHILLIPS, VICTOR A.	
STREET ADDRESS	661 NW 17TH ST.		STREET ADDRESS	551 N.W. 17TH STREET	
CITY-ST-ZIP	POMPANO BCH, FL		CITY-ST-ZIP	POMPANO BCH, FL 33068	
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, CHRISTOPHER		NAME	PHILLIPS, CHRISTOPHER B.	
STREET ADDRESS	2700 SOMERSET DR # 201		STREET ADDRESS	5211 N.W. 22TH STREET	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311		CITY-ST-ZIP	LAUDER HILL, FL 33313	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	MD JACKSON, WILLIE	
STREET ADDRESS			STREET ADDRESS	ROUTE 1 BOX 1295	
CITY-ST-ZIP			CITY-ST-ZIP	CHATAHOOCHEE, FL 32324	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		
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 registrar 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 affidavit, with all other like empowered.					
SIGNATURE: 			Date: 4/23/03 Office Phone: 954-942-9312		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

CPRE037 (10/02)