

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

04-06-2000 90004 022 ****61.25

DOCUMENT # 729040
 1. Entity Name
ST. PETERS CHURCH OF GOD BY FAITH, INC.

| | |
|--|--|
| Principal Place of Business 8101 N W 22ND AVE MIAMI FL 33147 US | Mailing Address 849 NW 74 ST MIAMI FL 33150-3315 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 2. Principal Place of Business Same | 3. Mailing Address Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------|--------------|------------------------------------|---|
| City & State | City & State | 4. FEI Number 05-0298400 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NESMITH, JOHN M
849 NW 74TH STREET
MIAMI FL 33150

7. Name and Address of New Registered Agent
 Name **Same**
 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 *John M Nesmith* (NOTE: Registered Agent signature required when reinstating)
 DATE **MARCH 30, 2000**

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 NAME STREET ADDRESS CITY-ST-ZIP | PD NESMITH, JOHN M 849 NW 74TH STREET MIAMI FL 33150 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JONES, ELIZABETH S 731 N W 17TH ST #9 MIAMI FL 33136 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD NESMITH, ALAMARINE 849 N W 74TH ST MIAMI FL 33150 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Nesmith John M 849 NW 74th St MIAMI, FL 33150 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SE AURORA OLIPHANT 1510 N.W. 53 ST. MIAMI, FL 33142 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD NESMITH, ALPHONSO 849 NW 74 St. MIAMI, FL 33150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TIRMA J. COLEY 19600 NW 7 AVE MIAMI, FL 33165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *John M Nesmith* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 30, 2000 (305) 836-1602
 Date Daytime Phone #

CR2E037 (9/99)