

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90128 016 ****61.25

DOCUMENT # 729040

1. Entity Name

ST. PETERS CHURCH OF GOD BY FAITH, INC.

Principal Place of Business

Mailing Address

**8101 N W 22ND AVE
 MIAMI FL 33147
 US**

**849 NW 74 ST
 MIAMI FL 33150
 US**

T U S S O U S



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0298400

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NESMITH, JOHN M
 849 NW 74TH STREET
 MIAMI FL 33150**

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	PD	<input type="checkbox"/> Delete
NAME	NESMITH, JOHN M	
STREET ADDRESS	849 NW 74TH STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OLIPHANT, AURORA	
STREET ADDRESS	1510 NW 53RD ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NESMITH, ALPHONSO	
STREET ADDRESS	849 N W 74TH ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLEY, IRMA J	
STREET ADDRESS	19600 NW 7TH AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John M Nesmith* John Mark Nesmith 4-28-02 305-836-1602

CR2E037 (9/01)