

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 08:00 AM
Secretary of State

DOCUMENT # 745485

1. Entity Name
 APOSTLE FAITH CHURCH OF JESUS, INC.

Principal Place of Business 911 NW 5TH COURT FORT LAUDERDALE FL 333118023	Mailing Address 911 NW 5TH COURT FORT LAUDERDALE FL 333118023
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--	--

4. FEI Number Applied For
 Not Applied For

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STANLEY MERCEDA
 2760 SOUTHWEST 4TH STREET
 SUITE 1208
 FT. LAUDERDALE FL 33312 US

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 _____ DATE **03/23/2001**

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 NAME STREET ADDRESS CITY-ST-ZIP	TSD <input type="checkbox"/> Delete STANLEY MERCEDA 2760 S.W. 4TH STREET FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete ROBINSON, RAYMOND 425 NW 5TH ST. POMPANO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete RAY, CLARENCE 911 NW 5TH COURT FT LAUDERDALE FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition VD RAY CLARENCE VICE 911 NW 5TH COURT FT LAUDERDALE FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD SUTTON DOROTHY SPRES. 3341 NW 15TH PLACE FT LAUDERDALE FL 33311
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
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)(f), 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: MERCEDA STANLEY TSD 03/23/2001

CR2E037 (11/00)