

UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

03-07-2000 90186 001 *****8.75
 03-07-2000 90186 002 *****61.25

DOCUMENT # 760490

Name
FWAY CHURCH OF THE APOSTOLIC FAITH, INC.

Principal Place of Business Mailing Address
 S.W. 102 AVENUE 16901 S.W. 102 AVENUE
 FL 33157-5293 MIAMI FL 33157-5283



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|-----------------------------|--|---------------------|--|--|--|--|--|
| Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-2131463 | | Applied For <input type="checkbox"/> Not Applicable | |
| Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| City & State | | City & State | | Country | | Country | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent PAUL KENNETH SW-170 TERR FL 33157 | | | | 7. Name and Address of New Registered Agent Name Donald Henry Street Address (P.O. Box Number is Not Acceptable) 16901 S.W. 92 Ave City Miami FL Zip Code 33157 | | | |
|---|--|--|--|--|--|--|--|

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, typed or printed name of registered agent and title if applicable: **Donald Henry Pres.** (NOTE: Registered Agent signature required when reinstating)
 DATE: **2/1/2000**

| | | |
|-------------------------------------|---|--|
| FILE NOW: FEE IS \$81.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|--|

| OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|---|--|
| PD HARRIS, PAUL K 10485 SW 170TH TERRACE MIAMI FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pres Donald Henry 16901 SW 92 Ave Miami Fla 33157 (PD) |
| T HILL, WYLEAN 19832 SW 121 AVE. MIAMI FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD - Passmore, Frederic 16925 SW 100 CT Miami, Fla 33157 (VD) |
| FS PETTIGREW, IRENE 10283 SW 174 TERR MIAMI FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition Hill Wylean 19832 SW 121 Ave Miami FL (T) |
| VD HENRY, DONALD 15404 S.W. 103RD AVE MIAMI FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition Pettigrew, Irene 10283 SW 174 Terr Miami FL (FS) |
| RS HARRIS, BETTIE JOE 10485 SW 170 TER. MIAMI FL 33157 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition Harris, Bettie Jo 10485 SW 170 Ter Miami Fla 33157 (RS) |
| BM PASSMORE, FREDERICK 16925 SW 100 CT MIAMI FL 33157 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Broden, Pearlina 16925 SW 100 CT Miami FL |

CR2E037 (9/99)

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 located 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 requested, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Donald Henry** (Signature and typed or printed name of signing officer or director)
 DATE: **2/1/2000**
 Daytime Phone #