

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90209 024 ****70.00

DOCUMENT # 760490

1. Entity Name

BIBLEWAY CHURCH OF THE APOSTOLIC FAITH, INC.

Principal Place of Business

Mailing Address

18301 S.W.102 AVENUE
 MIAMI FL 33157-5283

18301 S.W.102 AVENUE
 MIAMI FL 33157-5283

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2131463

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, PAUL KENNETH
 10485 SW 170 TERR
 MIAMI FL 33157

Name **Henry, Donald**
 Street Address (P.O. Box Number is Not Acceptable)
16761 S.W. 92 AVE
 City **Miami** FL Zip Code **33157**

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 **Donald Henry, PD**

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-01

**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 NAME	PD HENRY, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS	1676 SW 92 AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE NAME	T HLL, WYLEAN	<input type="checkbox"/> Delete
STREET ADDRESS	19832 SW 121 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	FS PETTIGREW, IRENE	<input type="checkbox"/> Delete
STREET ADDRESS	10283 SW 174 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	RS HARRIS, BETTIE JOE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10485 SW 170 TER.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE NAME	VD BROWN, PEARLINE	<input type="checkbox"/> Delete
STREET ADDRESS	18251 SW 102 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	RS Henry, Vera	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	16761 S.W. 92 AVE	
CITY-ST-ZIP	Miami, FL 33157	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE REQUIRED Donald Henry PD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-01 (305)299-6108

Date Daytime Phone #

CR2E037 (10/00)