## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#760490**

FILED Apr 28, 2007 Secretary of State

Entity Name: BIBLEWAY CHURCH OF THE APOSTOLIC FAITH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 18290 SW 102 AVENUE MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** 18290 SW 102 AVENUE MIAMI, FL 33157 FEI Number: 59-2131463 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HENRY, DONALD 8380 SW 184 STREET MIAMI, FL 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete HENRY, DONALD HENRY, DONALD Name: Name: 1676 SW 92 AVE Address: 8380 SW 184 STREET Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157 Title: Title: ( ) Delete () Change () Addition PETTIGREW, IRENE, Name: Name: Address: 10283 SW 174 TERR Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: **RST** () Delete Title: RST (X) Change ( ) Addition HENRY, VERA HENRY, VERA Name: Name: Address: 16761 SW 92 AVE Address: 8380 SW 184 STREET City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157 Title: VD ( ) Delete Title: () Change () Addition BROWN, PEARLINE Name: Name: 22715 SW 125 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33170 City-St-Zip: Title: VD () Delete Title: () Change () Addition GOOSBY, JAMES Name: Name: 16445 SW 89 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: () Change () Addition PASSMORE, FRED Name: Name: Address: 16925 SW 103 COURT Address: MIAMI, FL 33156 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD HENRY PD 04/28/2007