

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90001 029 \*\*\*\*61.25

**DOCUMENT # NO00000007711**

1. Entity Name

**THE APOSTLE FAITH MIRACLE CHURCH INC.**

Principal Place of Business

Mailing Address

529 S. MCDUFF AVE.  
 JACKSONVILLE FL 32254

529 S. MCDUFF AVE.  
 JACKSONVILLE FL 32254

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

☒ Applied For  
☐ Not Applicable

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

JONES, BISHOP A JR  
 4430 MELVIN CIRCLE WEST  
 JACKSONVILLE FL 32210

Name Jones, Bishop A Sr.

Street Address (P.O. Box Number Is Not Acceptable)

4430 Melvin Circle West

City Jacksonville

FL

Zip Code 32210

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

Bishop A. Jr. Sr.

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**  
**After September 12, 2001, min. will be \$236.25**

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 T ☐ Delete  
 NAME JONES, BISHOP A SR  
 STREET ADDRESS 4430 MELVIN CIRCLE WEST  
 CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE P ☐ Delete  
 NAME JONES, MURRAY M  
 STREET ADDRESS 4430 MELVIN CIRCLE WEST  
 CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S ☐ Delete  
 NAME FELDER, MARILYN  
 STREET ADDRESS 462 WADE DR.  
 CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T ☐ Delete  
 NAME MARSHALL, SHARRON  
 STREET ADDRESS 349 SMITH ST.  
 CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE Marshall, Sharron ☒ Change ☐ Addition  
 NAME 5222 Paris Avenue  
 STREET ADDRESS Jacksonville, FL 32208  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME WILLIAMS, ANGELA  
 STREET ADDRESS 349 SMITH ST.  
 CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☒ Delete  
 NAME GARNER, LES PAUL  
 STREET ADDRESS 818 JACKSON ST.  
 CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE D ☐ Change ☒ Addition  
 NAME Johnnie Frazier  
 STREET ADDRESS 2824 1st Street  
 CITY-ST-ZIP Jacksonville, FL 32254

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:

Bishop A. Jr. Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/2001

Date

Daytime Phone #

CR2E037 (5/01)

Attachment Doc#  
N00000007711  
77034



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 12, 2001

THE APOSTLE FAITH MIRACLE CHURCH INC.  
529 S. MCDUFF AVE.  
JACKSONVILLE, FL 32254

Subject: THE APOSTLE FAITH MIRACLE CHURCH INC.

Reference Number: ~~N00000007711~~

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sg

ANNUAL REPORTS SECTION