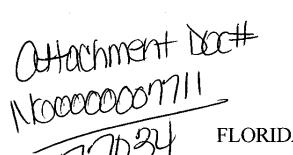
FILED

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 31, 2001 8:00 am Secretary of State DOCUMENT # N0000007711 07-12-2001 90001 029 ****61.25 THE APOSTLE FAITH MIRACLE CHURCH INC. Principal Place of Business Mailing Address 529 S. MCDUFF AVE. 529 S. MCDUFF AVE. 77034 JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable _Country_ \$8.75 Additional · Fee Required 5. Certificate of Status Desired 🗍 📆 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kisboo Street Address (P.O. Box Number Is Not Acceptable) JONES, BISHOP A JR 4430 MELVIN CIRCLE WEST 4430 Melvin Circle Wes JACKSONVILLE FL 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 CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Change ☐ Addition 5/01 TITLE JONES, BISHOP A SR NAME NAME 4430 MELVIN CIRCLE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-7IP ☐ Addition ☐ Delete JONES, MURRIA M NAME NAME 4430 MELVIN: CIRCLE WEST -STREET ADDRESS - STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP Change Addition TITLE TITLE FELDER, MARILYN NAME NAME STREET ADDRESS 462 WADE DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32204 CITY-ST-ZIP Mushall Sharron ☐ Detete TITLE Change Addition MARSHALL, SHARRON NAME 5222 Paris Avenue 349 SMITH ST. STREET ADDRESS STREET ADDRESS Jacksonville, FL 32208 CITY-ST-ZIP JACKSONVILLE FL 32204 City-ST-ZiP ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, ANGELA NAME STREET ADDRESS 349 SMITH ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32204 CITY-ST-ZIP Delete Change Addition TITLE GARNER, LES PAUL NAME Johnnie Frazier 2824 1st Street 818 JACKSON ST. STREET ADORESS STREET ADDRESS JACKSONVILLE FL 32204 CITY-ST-7IP lacksonville 12. I hereby certify that the information supplied with this fling 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





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 _____N0000007711- ____ Number:

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