

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90113 008 ****61.25

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1. Entity Name

THE APOSTLE FAITH MIRACLE CHURCH INC.

Principal Place of Business

**529 S. MCDUFF AVE.
 JACKSONVILLE FL 32254**

Mailing Address

**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

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 SR
 4430 MELVIN CIRCLE WEST
 JACKSONVILLE FL 32210**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 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

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

D ☐ Change ☒ Addition
 NAME Yvonne Counts
 STREET ADDRESS 6750 Panama Blvd #516
 CITY-ST-ZIP Jacksonville, FL 32205

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

D ☐ Change ☒ Addition
 NAME Marie Harmon
 STREET ADDRESS 83 Chelsea St. #A1
 CITY-ST-ZIP Jacksonville, FL 32204

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

T ☐ Change ☒ Addition
 NAME Audrey Feider
 STREET ADDRESS 179 Goodwin St
 CITY-ST-ZIP Jacksonville, FL 32204

T ☐ Delete
 NAME MARSHALL, SHARRON
 STREET ADDRESS 5222 PARIS AVENUE
 CITY-ST-ZIP JACKSONVILLE FL 32208

M ☐ Change ☒ Addition
 NAME Latonia Artis
 STREET ADDRESS 1511 W. 11th St.
 CITY-ST-ZIP Jacksonville, FL 32209

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

M ☐ Change ☒ Addition
 NAME Elena Bennett
 STREET ADDRESS 1441 Manotak Avenue
 CITY-ST-ZIP Jacksonville, FL 32210

D ☐ Delete
 NAME FRAZIER, JOHNNIE
 STREET ADDRESS 2824 1ST STREET
 CITY-ST-ZIP JACKSONVILLE FL 32254

☐ Change ☐ Addition
 NAME
 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 Sr.

7/14/02 (904) 779-7122

CR2E037 (4/02)