

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0000136

DOCUMENT # N00000008488

1. Entity Name
APOSTOLIC FAITH HOUSING, INC.

05-16-2001 90138 001 ***122.50

Principal Place of Business 1534 NORTH DAVIS STREET JACKSONVILLE FL 32209	Mailing Address 1534 NORTH DAVIS STREET JACKSONVILLE FL 32209
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P O Box 109 Suite, Apt. #, etc.
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City & State Darby, PA	4. FEI Number Applied For	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 19023	Country Delaware	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fes Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DALE, HOWARD L
200 WEST FORSYTH STREET
SUITE 1100
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONEE, PATTERSON J 1544 WEST 25TH STREET JACKSONVILLE FL 32209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, VERNON L 1983 WEST 15TH STREET JACKSONVILLE FL 32209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, A. LEAH 2610 CHELTENHAM AVENUE PHILADELPHIA PA 19150 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 **610-583-2400**
Date Daytime Phone #

CR2E037 (10/00)