

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-23-2002 90336 043 ****61.25

DOCUMENT # N00000008488

1. Entity Name

APOSTOLIC FAITH HOUSING, INC.

Principal Place of Business
1534 NORTH DAVIS STREET
JACKSONVILLE FL 32209

Mailing Address
PO BOX 109
DARBY PA 19023

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

DALE, HOWARD L
200 WEST FORSYTH STREET
SUITE 1100
JACKSONVILLE FL 32202

Name
PATTERSON, ANTHONEE J. (BISHOP)

Street Address (P.O. Box Number is Not Acceptable)
1534 N. DAVIS STREET

City
JACKSONVILLE

FL

Zip Code
32209

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

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

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
D Delete
 NAME
ANTHONEE, PATTERSON J
 STREET ADDRESS
1544 WEST 25TH STREET
 CITY-ST-ZIP
JACKSONVILLE FL 32209

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
D Delete
 NAME
GREEN, VERNON L
 STREET ADDRESS
1983 WEST 15TH STREET
 CITY-ST-ZIP
JACKSONVILLE FL 32209

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
D Delete
 NAME
GREGORY, A. LEAH
 STREET ADDRESS
2610 CHELTENHAM AVENUE
 CITY-ST-ZIP
PHILADELPHIA PA 19150

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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

Bishop Anthonee J. Patterson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 353-5700
 Date Daytime Phone #

CR2E037 (9/01)