

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90641 022 \*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

4/1/

<b>DOCUMENT # N01000001989</b>			
1. Entity Name <b>CHURCH OF GOD APOSTOLICAL FAITH, INC.</b>			
Principal Place of Business 108 NW 5 AVE DELRAY BEACH FL		Mailing Address 108 NW 5 AVE DELRAY BEACH FL	
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	
[REDACTED]		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ISRAEL REV IZRAEL 108 NW 5 AVE DELRAY BEACH FL		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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW: FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD ISRAEL REV IZRAEL 181 NW 41 CT POMPANO BEACH FL 33084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. Rev. Izrael Izrael <input type="checkbox"/> Change <input type="checkbox"/> Addition 181 NW 41 CT Pompano Bch FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCOIS, SAINT-LO 917 SW 10 AVE DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. Romil Ateley <input type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Pubuan Cir APT E Delray Bch FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ESTIME, LEMOINE 917 SW 10 AVE DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. Mrs. Marie A. Bely <input type="checkbox"/> Change <input type="checkbox"/> Addition 1002 Catherine St. Delray Ratote APT I FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Saint-Lo Francois <input type="checkbox"/> Change <input type="checkbox"/> Addition 181 NW 41 CT Pompano Bch FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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)(f), 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 817, 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: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date _____	

CR25037 (9/01)



Attachment

ST. VINCENT de PAUL REGIONAL SEMINARY  
10701 S. MILITARY TRAIL, BOYNTON BEACH, FLORIDA 33436-4899

97223  
#NO1000001283

PHONE: (561) 732-4424  
FAX: (561) 737-2205

You have made a mistake —  
This is not us —  
Check the #'s

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Thank you