

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY 22 PM 4:01



DO NOT WRITE IN THIS SPACE

DOCUMENT # N01000002848

1. Entity Name  
**APOSTLE'S FAITH GROOMED WITH CHRIST MINISTRIES, INC.**

Principal Place of Business Mailing Address  
1553 BALKIN RD., LOT #2 TALLAHASSEE FL 32310 1553 BALKIN RD., LOT #2 TALLAHASSEE FL 32310

2. Principal Place of Business 3. Mailing Address  
1553 Balkin RD 1553 Balkin RD  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Tallahassee FL Tallahassee  
Zip 32305 Country U.S.A Zip 32305 Country U.S.A

4. FEI Number Applied For  
59-3726779 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**THOMPSON, RICKY**  
1310 TWIN PEAKS LN  
TALLAHASSEE FL 32311

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PASTOR Ricky Thompson 1310 TWIN PEAK LN. Tallahassee FL 32317	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. EVANGELIST ROSALIND THOMPSON 1310 TWIN PEAK LN. Tallahassee FL 32317	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Evangelist VALDA HENDERSON 1553 BALKIN RD Tallahassee FL 32305	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nicholas NICHOLAS HARRIS 1553 BALKIN RD Tallahassee FL 32305	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Allen HENDERSON 1553 BALKIN RD. Tall. FL 32305	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

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: Ricky Thompson SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 950-3500744  
Date Daytime Phone #

CR2E037 (9/01)