

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

1553 BALKIN RD
Suite, Apt. #, etc.

3. Mailing Address

1553 BALKIN RD
Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE

4. FEI Number

59-3726779

Applied For

Not Applicable

Zip 32305
Country U.S.A

Zip 32305
Country U.S.A

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

THOMPSON, RICKY
1310 TWIN PEAKS LN
TALLAHASSEE FL 32311

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

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 PASTOR
NAME Ricky Thompson
STREET ADDRESS 1310 TWIN PEAKS LN.
CITY-ST-ZIP TALLAHASSEE FL 32317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SEC. EVANGELIST
NAME ROSALIND THOMPSON
STREET ADDRESS 1310 TWIN PEAKS LN.
CITY-ST-ZIP TALLAHASSEE FL 32317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TRCAS. EVANGELIST
NAME VALDA HENDERSON
STREET ADDRESS 1553 BALKIN RD
CITY-ST-ZIP TALLAHASSEE FL 32305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NICHOLAS
NAME NICHOLAS HARRIS
STREET ADDRESS 1553 BALKIN RD
CITY-ST-ZIP TALLAHASSEE FL 32305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ALLEN HENDERSON
NAME ALLEN HENDERSON
STREET ADDRESS 1553 BALKIN RD.
CITY-ST-ZIP TALL. FL 32305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: 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)