

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/18/2003-90163-008-\$61.25-\$61.25

DOCUMENT # N02000002978

1. Entity Name

ANointed VISION OF FAITH CHURCH, INC.



FILED

03 OCT 13 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1203 HARLEM ST.
TALLAHASSEE FL 32304

Mailing Address

1203 HARLEM ST.
TALLAHASSEE FL 32304

2. Principal Place of Business

6428 CAVALCADE TRL
Suite, Apt. #, etc.

3. Mailing Address

SA MA
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Tallahassee FL
Zip 32309 Country LEON

City & State

SA MA
Zip Country

4. FEI Number

58-2593517

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, ALFREDDIE B
1203 HARLEM ST.
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name ALFREDDIE B. SCOTT, CEO
Street Address (P.O. Box Number is Not Acceptable)
6428 CAVALCADE TRL.
City TALLAHASSEE FL Zip Code 32309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Alfredie B. Scott

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE CEO
NAME SCOTT, ALFREDDIE B
STREET ADDRESS 1203 HARLEM ST.
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CEO / Bishop
NAME ALFREDDIE B. SCOTT
STREET ADDRESS 6428 CAVALCADE TRL, TALL, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Alfredie B. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)