

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90103 034 ****61.25

DOCUMENT # N02000006587

1. Entity Name
APOSTOLIC MINISTRIES OF THE LORD JESUS CHRIST,
INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
116 S. JACKSON ST.

3. Mailing Address
P.O. BOX 310

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
QUINCY, FLA.

City & State
GREENSBORO, FLA.

4. FEI Number
30-0112913

☒ Applied For
☐ Not Applicable

Zip
32351

Country
U.S.A.

Zip
32330

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ABRAHAM AVILES

Street Address (P.O. Box Number is Not Acceptable)

116 S. JACKSON ST.

City
QUINCY

FL Zip Code
32351

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 *Abraham Aviles* ABRAHAM AVILES
Signature, typed or printed name of registered agent and title if applicable.

JAN. 29, 2003
DATE

(NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BISHOP/PASTOR
JORGE AVILES, SR.
P.O. BOX 310
GREENSBORO, FL. 32330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC.
VICTOR A. AVILES
P.O. BOX 1653
QUINCY, FL. 32353

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRES.
ABRAHAM AVILES
P.O. BOX 310
GREENSBORO FL. 32330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Abraham Aviles* ABRAHAM AVILES
Signature and typed or printed name of signing officer or director

01/30/03 (850) 442-4568

Date Daytime Phone #

CR2E037B (12/01)