

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90007 046 ****70.00

DOCUMENT # N03000002548 1. Entity Name APOSTOLIC FAITH "RESCUE" MISSION, INC.																																																																																																																													
Principal Place of Business 18982 NW 2ND AVE. MIAMI, FL 33169			Mailing Address 17201 NW 12TH AVENUE MIAMI, FL 33169																																																																																																																										
2. Principal Place of Business 17201 N.W. 12th AVE Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State MIAMI, FL			City & State																																																																																																																										
Zip 33169		Country U.S.A.		Zip																																																																																																																									
Country		4. FEI Number 56-2335215																																																																																																																											
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent NELSON; WINSTON E 17201 NW 12TH AVENUE MIAMI, FL 33169																																																																																																																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																																																																													
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>NELSON, WINSTON E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17201 NW 12TH AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33169</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td></td> </tr> <tr> <td>NAME</td> <td>ALEXANDER, RUPERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>820 NW 104 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33150</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td></td> </tr> <tr> <td>NAME</td> <td>QUEELEY, MARY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16400 NW 39 COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33054</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td></td> </tr> <tr> <td>NAME</td> <td>FERGUSON, GLORIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17201 NW 12 AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33169</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	NAME	NELSON, WINSTON E		STREET ADDRESS	17201 NW 12TH AVENUE		CITY-ST-ZIP	MIAMI, FL 33169		TITLE	NAME		NAME	ALEXANDER, RUPERT		STREET ADDRESS	820 NW 104 STREET		CITY-ST-ZIP	MIAMI, FL 33150		TITLE	NAME		NAME	QUEELEY, MARY		STREET ADDRESS	16400 NW 39 COURT		CITY-ST-ZIP	MIAMI, FL 33054		TITLE	NAME		NAME	FERGUSON, GLORIA		STREET ADDRESS	17201 NW 12 AVENUE		CITY-ST-ZIP	MIAMI, FL 33169		TITLE	NAME		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME		NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <i>Winston E. Nelson</i> WINSTON E. NELSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> 5/24/05 <small>Date</small> </div> <div> 305-628-4639 <small>Daytime Phone #</small> </div> </div>																																																																																																																													