2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N21622 1. Entity Name

APOSTLE FAITH CHURCH OF DELIVERANCE, INC.

Principal Place of Business 112 DEVONSHIRE DRIVE FT. PIERCE FL 34946

2. Principal Place of Business

Mailing Address

3. Mailing Address

112 DEVONSHIRE DRIVE FT. PIERCE FL 34946

Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

FILED Jan 13, 2001 8:00 am Secretary of State

01-13-2001 90055 022 ****61.25

UTREDARA

-11814

-1151

| 1124 | 1124 | 1124



DO NOT WRITE IN THIS SPACE

City & State			City & State		4. FEI Number	4. FEI Number 65-0104872		Applied For									
								ot Applicable									
Zip Country		Zip	Country		ertificate of Status Desired \$8.75 Additional Fee Required												
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent												
MILLER, ISAAC					Name Street Address (P.O. Box Number is Not Acceptable)												
									112 DEVON								
									FT. PIERCE FL 34946					City Zip Code			
	FL																
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.																	
4. The above mariod order, committee the diatornation are purpose of analysing to registered and a registered against a series																	
								1									
SIGNATURE																	
S	Ignature, typed	or printed name of registered agent ar	d title if applicable. (NOTE	Registered Agent signatur	e required when reinstating)	DATE		- 1									
FILE NOW:			9. Election Campaign Financing		\$5.00 May Be	Make Check Pa	ayable to	•									
FEE IS \$61.25			Trust Fund Contribution.		Added to Fees	Department of	f State	}									
	. == .0	¥4															
10.		OFFICERS AND DIRI	CTORS	11.	ADDITIONS/CHAN	IGES TO OFFICERS AND DIRE	ECTORS IN										
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NAME '	MILLER, IS	SAAC		NAME			-	1									
STREET ADDRESS)nshire dr.		STREET ADDRESS				001									
CITY-ST-ZIP	FT. PIERC	E FL		CITY-ST-ZIP													
TITLE	PT		☐ Delete	TITLE		[☐ Change	☐ Addition 2									
	MILLER, C	RACE		NAME -	معابضه للأسهيب والموارات الهاا	•		1									
		NSHIRE DR.		STREET ADDRESS													
	FT. PIERC			CITY-ST-ZIP													
	S		☐ Delete	TITLE			☐ Change	☐ Addition									
	TURNER,	ANNETTE		NAME													
		AYSHORE BLVD		STREET ADDRESS													
		NT LUCIE FL		CITY-ST-ZIP													
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ľ	BACON, D)ARCY		NAME				1									
I	-	QUOIS AVENUE		STREET ADDRESS													
I	FT. PIERC			CITY-ST-ZIP				_									
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	IVEY, JUL	IUS		NAME													
		NUE SOUTH		STREET ADDRESS													
	FT. PIERC			CITY-ST-ZIP													
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		TYRONE CRENSHAW		NAME				1									
1		QUOIS AVENUE		STREET ADDRESS				Į									
	FT. PIERC			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																	
· · · · · · · · · · · · · · · · · · ·	- 45:	the second copping with	rue and accurate and that a	w cionatura chall he	we the same local effect s	es if made under oath; that I am	an officer	or director									

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: TSPACMILLEREN WIRED 15752001 -- 1-5615464-7184

SIGNATURE and Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayling Phone #