

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90019 042 ****61.25

DOCUMENT # N21622

1. Entity Name

APOSTLE FAITH CHURCH OF DELIVERANCE, INC.



Principal Place of Business

**112 DEVONSHIRE DRIVE
FT. PIERCE FL 34946**

Mailing Address

**112 DEVONSHIRE DRIVE
FT. PIERCE FL 34946**

40001925 1-6-2003



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0104872**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, ISAAC
112 DEVONSHIRE DR.
FT. PIERCE FL 34946**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, ISAAC	
STREET ADDRESS	112 DEVONSHIRE DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MILLER, GRACE	
STREET ADDRESS	112 DEVONSHIRE DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	TURNER, ANNETTE	
STREET ADDRESS	662 NW BAYSHORE BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BACON, DARCY	
STREET ADDRESS	3108 IROQUOIS AVENUE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	IVEY, JULIUS	
STREET ADDRESS	4000 AVENUE SOUTH	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	VINCENT TYRONE CRENSHAW	
STREET ADDRESS	3101 IROQUOIS AVENUE	
CITY-ST-ZIP	FT. PIERCE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 life empowered.

SIGNATURE: *Isaac Miller*

1-6-03 1-772-469-7184

CR2E037 (10/02)