

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90266 011 ****70.00

DOCUMENT # N36436

1. Entity Name

THE GREAT STAR, APOSTLE PAUL MINISTRY, INC.

Principal Place of Business

Mailing Address

%REV LOUISE LEWIS
2831 NW 184TH ST
MIAMI FL 33056

%REV LOUISE LEWIS
2831 NW 184TH ST
MIAMI FL 33056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0269362

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, LOUISE REV
2831 NW 184TH ST
MIAMI FL 33056

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CULPHER, LUCILLE**
 CITY-ST-ZIP **2980 NW 88TH STREET**
MIAMI FL 33147

TITLE ☐ Change ☐ Addition
 NAME **Culpher, Lucille**
 STREET ADDRESS **(F)**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **BARRY, OLLIE**
 CITY-ST-ZIP **7231 HARBOUR BLVD**
MIRAMAR FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JOHNSON, CHERYL**
 CITY-ST-ZIP **2140 NW 53RD ST APT K**
MIAMI FL

TITLE ☐ Change ☐ Addition
 NAME **deceased**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **LEWIS, LOUISE**
 CITY-ST-ZIP **2831 N.W. 184TH ST**
MIAMI FL 33056

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Barbara Bennett**
 STREET ADDRESS **20832 N.W. 23rd St.**
 CITY-ST-ZIP **MIAMI, FLA.**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE **LOUISE LEWIS** 04/29/02 305-625-3225

CR2E037 (9/01)