


**FILED**  
**May 04, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N36436				FILED May 04, 2007 08:00 Secretary of State	
1. Entity Name THE GREAT STAR, APOSTLE PAUL MINISTRY, INC.		Principal Place of Business %REV LOUISE LEWIS 2831 NW 184TH ST MIAMI FL 33056		Mailing Address %REV LOUISE LEWIS 2831 NW 184TH ST MIAMI FL 33056	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E037 (10/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0269362	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LEWIS, LOUISE REV 2831 NW 184TH ST MIAMI FL 33056				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FULPHER, LUCILLE 2980 NW 88TH STREET MIAMI FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000761915 05/25/07-80075-009 70.00	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD BARRY, OLLIE 7231 HARBOUR BLVD MIRAMAR FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD LEWIS, LOUISE 2831 N.W. 184TH ST MIAMI FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BENNETT, BARBARA 20832 N.W. 23RD CT MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 <i>Rev Louise Lewis</i> <i>Rev Louise Lewis</i> <i>9/10</i> <i>04/27/07</i> <i>05/25/07</i>					