

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39969

1. Entity Name

LIBERTY UNITED ASSEMBLY OF THE APOSTOLIC FAITH,

Principal Place of Business

Mailing Address

4088 N.W. 167TH STREET  
MIAMI FL 33054

4088 N.W. 167TH STREET  
MIAMI FL 33054

2. Principal Place of Business

4100 N.W. 167th ST  
Suite, Apt. #, etc.

3. Mailing Address

4100 N.W. 167th ST  
Suite, Apt. #, etc.

City & State,

Miami FL

Zip

33054

Country

US

City & State

Miami FL

Zip

33054

Country

US

4. FEI Number

65-0213645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, VALLERIE  
2786 N.W. 193RD TER.  
CAROL CITY 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.

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  
After September 12, 2001, min. will be \$236.25

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

TITLE BD  
NAME WILCOX, HERMAN A.  
STREET ADDRESS 18331 N.W. 43 CT.  
CITY-ST-ZIP CAROL CITY FL 33055 ☐ Delete

TITLE ED  
NAME BOONE, SAMUEL D  
STREET ADDRESS 2770 N.W. 196 TER.  
CITY-ST-ZIP CAROL CITY FL 33056 ☐ Delete

TITLE ST  
NAME AUSTIN, VALLERIE L  
STREET ADDRESS 2786 N.W. 193RD TER.  
CITY-ST-ZIP CAROL CITY FL 33056 ☐ Delete

TITLE DT  
NAME JOHNSON, WILLE H  
STREET ADDRESS 7001 N.W. 190 ST.  
CITY-ST-ZIP CAROL CITY FL 33055 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Vallerie Austin

8/27/01

305 696 8660

FILED  
Sep 05, 2001 8:00 am  
Secretary of State

09-05-2001 90001 046 \*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)