

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90022 002 ****61.25

DOCUMENT # N46723

1. Entity Name

THE CHURCH OF GOD OF THE ABRAHAMIC FAITH, INC.

Principal Place of Business

Mailing Address

10901 S W 28TH STREET
 MIAMI FL 33165

10901 S W 28TH STREET
 MIAMI FL 33165-2307

2. Principal Place of Business

3. Mailing Address

DANNY LEE LUTZ



Suite, Apt. #, etc.

Suite, Apt. #, etc.

1042 CATALONIA AVE

DO NOT WRITE IN THIS SPACE

City & State

City & State

CORAL GABLES FL.

4. FEI Number

65-0373876

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, FRANKLYNE H
10335 SW 35TH STREET
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name **LUTZ, DANNY LEE**
 Street Address (P.O. Box Number is Not Acceptable)
1042 CATALONIA AVE.
 City **CORAL GABLES FL** Zip Code **33134**

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

DANNY LEE LUTZ

1-20-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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	D	<input checked="" type="checkbox"/> Delete
NAME	ROSS, FRANKLYNE H	
STREET ADDRESS	10335 S W 35TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, WILLIAM SR	
STREET ADDRESS	631 SW 100 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LUTZ, DANNY L	
STREET ADDRESS	1042 CATALONIA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROSS, WILSON P	
STREET ADDRESS	18403 S W 88 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSS, DAVID T.	
STREET ADDRESS	3242 VILLAGE GREEN DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROSS, CHRISTOPHER A.	
STREET ADDRESS	3242 VILLAGE GREEN DR	
CITY-ST-ZIP	MIAMI FL	

TITLE	SO	<input checked="" type="checkbox"/> Change
NAME	CHRISTOPHER ROSS	
STREET ADDRESS	3242 VILLAGE GREEN DR.	
CITY-ST-ZIP	MIAMI FL. 33175	
TITLE	D	<input type="checkbox"/> Change
NAME	JOHN MORAITIS	
STREET ADDRESS	7081 NW 16 ST	
CITY-ST-ZIP	PLANTATION FL. 33313	
TITLE	D	<input type="checkbox"/> Change
NAME	RONALD KELLY	
STREET ADDRESS	12321 SW 109 TERR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Change
NAME	WILLIAM MILLER JR.	
STREET ADDRESS	5824 SW 144 CIR. PL.	
CITY-ST-ZIP	MIAMI FL. 33183	
TITLE	D	<input type="checkbox"/> Change
NAME	MICHAEL TAYLOR	
STREET ADDRESS	26400 SW 182 AVE	
CITY-ST-ZIP	HOMESTEAD FL. 33031	
TITLE	O	<input type="checkbox"/> Change
NAME	JOSEPH McCrimmon	
STREET ADDRESS	10335 SW 35th.	
CITY-ST-ZIP	MIAMI FL. 33165	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000

DATE

305 448-8057

DAYTIME PHONE #