

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90122 006 \*\*\*\*70.00

**DOCUMENT # N95000000497**

1. Entity Name

**LILY OF THE VALLEY APOSTOLIC CHURCH, INC.**

Principal Place of Business

10643 A N.W. 27 AVE  
 MIAMI FL 33167

Mailing Address

P.O. BOX 260693  
 PEMBROKE PINES, FL 33026



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0515980**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SADDLER, TONY**  
**10030 SW 8TH ST**  
**PEMBROKE PINES FL 33025**

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

*Tony Saddler*

**Tony Saddler**

**3/13/00**

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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SADDLER, TONY</b>	
STREET ADDRESS	<b>10030 SW 8TH ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SADDLER, CARLENE C</b>	
STREET ADDRESS	<b>10030 SW 8TH ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, DAVID</b>	
STREET ADDRESS	<b>2766 NW 194 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, JOAN</b>	
STREET ADDRESS	<b>2766 NW 194 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Saddler, Tony</b>	
STREET ADDRESS	<b>10030 S.W. 8th St.</b>	
CITY-ST-ZIP	<b>Pembroke Pines, FL. 33025</b>	
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 like empowered.

SIGNATURE:

*Tony Saddler* **Tony Saddler**

**3/13/00**

Date

(954) 677-2566  
 (954) 704-1403

Daytime Phone #

CR2E037 (9/99)