

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

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