

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90075 041 \*\*\*\*69.25

**DOCUMENT # N95000000497**

1. Entity Name

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

Principal Place of Business

Mailing Address

10843 A N.W. 27 AVE  
 MIAMI FL 33167

P.O. BOX 260693  
 PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0515980

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**Tony Sandler**

Street Address (P.O. Box Number is Not Acceptable)

**1026 S.W. 102 Terr**

City

**Pembroke Pines**

**FL**

Zip Code

**33025**

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 Sandler* **Tony Sandler Director**

**1/25/01**

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

TITLE ☐ Delete  
 NAME **TD**  
 STREET ADDRESS **SADDLER, TONY**  
 CITY-ST-ZIP **10030 SW 8TH ST**  
**PEMBROKE PINES FL 33025**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **SADDLER, CARLENE C**  
 CITY-ST-ZIP **10030 SW 8TH ST**  
**PEMBROKE PINES FL**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **WILLIAMS, DAVID**  
 CITY-ST-ZIP **2766 NW 194 TERR**  
**MIAMI FL**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **WILLIAMS, JOAN**  
 CITY-ST-ZIP **2766 NW 194 TERRACE**  
**MIAMI FL 33056**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
 NAME **TD**  
 STREET ADDRESS **Sandler, Tony**  
 CITY-ST-ZIP **1026 S.W. 102 Terr**  
**Pembroke Pines, FL. 33025**

TITLE ☒ Change ☐ Addition  
 NAME **T**  
 STREET ADDRESS **Sandler, Carlene C**  
 CITY-ST-ZIP **1026 S.W. 102 Terr**  
**Pembroke Pines, FL. 33025**

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

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

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

TITLE ☐ Change ☐ 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 Sandler* **Tony Sandler**

**1/25/01**

**(954) 677-2566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)