

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90147 047 \*\*\*\*61.25

DOCUMENT # N95000004252

1. Corporation Name

TRUE WORSHIP APOSTOLIC FAITH INC.

Principal Place of Business

5301 NW 17TH AVE  
MIAMI FL 33142

Mailing Address

1662 NW 152 TERR.  
MIAMI FL 33054



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/01/1995

4. FEI Number

65-0603063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

COLLIER, KENNETH C SR.  
1662 BW 152 TERR.  
MIAMI FL 33054

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COLLIER, KENNETH C SR	
STREET ADDRESS	1662 N W 152ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MCKINNEY, KELSON	
STREET ADDRESS	7750 NW 14TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLIER, SHONDA D	
STREET ADDRESS	1662 N W 152ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRYCE, MARY	
STREET ADDRESS	860 NW 197 TERR.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BENJAMIN, LISA	
STREET ADDRESS	1662 N W 152ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harvey Reese	
1.3 STREET ADDRESS	17230 N.W 46 Ave	
1.4 CITY-ST-ZIP	Miami FL 33054	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Larry Brooklyn	
2.3 STREET ADDRESS	945 Ahmad Street	
2.4 CITY-ST-ZIP	Miami FL 33054	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Shonda Collier	
3.3 STREET ADDRESS	1662 N.W 152 Terr	
3.4 CITY-ST-ZIP	Miami FL 33054	
4.1 TITLE	IDA M. Griffin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	IDA mae Griffin	
5.3 STREET ADDRESS	1360 Shadal Blvd Apt 14A	
5.4 CITY-ST-ZIP	Miami FL 33054	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Alpheus Pryce	
6.3 STREET ADDRESS	860 N.W 197 Terr	
6.4 CITY-ST-ZIP	Miami FL 33169	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth Collier SR Kenneth Collier SR 3-10-99 305 691-0093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)