

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004252

1. Entity Name

TRUE WORSHIP APOSTOLIC FAITH INC.



FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90007 024 ****61.25

Principal Place of Business 5301 NW 17TH AVE MIAMI FL 33142	Mailing Address 1662 NW 152 TERR. MIAMI FL 33054
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2. Principal Place of Business 3615 N.W 191 Street	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Miami FL	City & State
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Zip 33055	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0603063	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLLIER, KENNETH C SR 1662 BW 152 TERR. MIAMI FL 33054

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REESE, HARVEY 17630 NW 46TH AVE. MIAMI FL 33054 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKLYN, LARRY 945 ALMOND ST. MIAMI FL 33054 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLIER, SHONDA D 1662 N W 152ND TERRACE MIAMI FL 33054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRYCE, MARY 860 NW 197 TERR. MIAMI FL 33169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIFFIN, IDA MAE 1360 SHARAZAL BLVD. APT. 14A MIAMI FL 33054 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRYCE, ALPHEUS 860 NW 197 TERR. MIAMI FL 33169 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kenneth C. Collier SR 1662 N.W 152 Terr Miami FL 33054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lisa P Benjamin 1662 N.W. 152 Terr Miami FL 33054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Nikki Johnson 860 N.W 197 Terr Miami FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony Collier 5241 N.W 190 Street Miami FL 33055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shonda D Collier 1662 N.W 152 Terr Miami FL 33054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	7/5/2000 305 681-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E037 (5/00)