

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90262 035 \*\*\*\*61.25

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004252

1. Entity Name

TRUE WORSHIP APOSTOLIC FAITH INC.

Principal Place of Business

3615 NW 191ST STREET  
MIAMI FL 33055

Mailing Address

1662 NW 152 TERR.  
MIAMI FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0603063

Applied For

Not Applicable

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete  
 NAME REESE, HARVEY  
 STREET ADDRESS 17630 NW 46TH AVE.  
 CITY-ST-ZIP MIAMI FL 33054

TITLE D ☐ Delete  
 NAME BROOKLYN, LARRY  
 STREET ADDRESS 945 ALMOND ST.  
 CITY-ST-ZIP MIAMI FL 33054

TITLE D ☐ Delete  
 NAME COLIER, SHONDA D  
 STREET ADDRESS 1662 N W 152ND TERRACE  
 CITY-ST-ZIP MIAMI FL 33054

TITLE D ☒ Delete  
 NAME PRYCE, MARY  
 STREET ADDRESS 860 NW 197 TERR.  
 CITY-ST-ZIP MIAMI FL 33169

TITLE S ☒ Delete  
 NAME GRIFFIN, IDA MAE  
 STREET ADDRESS 1360 SHARAZAL BLVD. APT. 14A  
 CITY-ST-ZIP MIAMI FL 33054

TITLE D ☒ Delete  
 NAME PRYCE, ALPHEUS  
 STREET ADDRESS 860 NW 197 TERR.  
 CITY-ST-ZIP MIAMI FL 33169

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 President  
 STREET ADDRESS Kenneth Collier  
 CITY-ST-ZIP 1662 N.W. 152nd Terr  
 Miami, FL 33054

TITLE ☐ Change ☒ Addition  
 NAME Director  
 STREET ADDRESS Anthony Collier  
 CITY-ST-ZIP 5241 N.W. 190 St  
 Miami FL 33055

TITLE ☒ Change ☐ Addition  
 NAME Secretary/Treasurer  
 STREET ADDRESS Lisa Benjamin  
 CITY-ST-ZIP 1662 N.W. 152 Terr  
 Miami, FL 33054

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/01 305-953-2480

CR2E037 (10/00)