

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90007 032 \*\*\*\*61.25

**DOCUMENT # N95000004252**

1. Entity Name

TRUE WORSHIP APOSTOLIC FAITH INC.



Principal Place of Business

5900 N.W. 17TH AVE  
MIAMI FL 33142

Mailing Address

1662 NW 152 TERR.  
MIAMI FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (4/04)

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME COLLIER, KENNETH C SR ☐ Delete  
STREET ADDRESS 1662 N.W. 152 TERRACE  
CITY-ST-ZIP MIAMI FL 33054

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

TITLE T  
NAME BENJAMIN, LISA P ☐ Delete  
STREET ADDRESS 1662 N.W. 152 TERRACE  
CITY-ST-ZIP MIAMI FL 33054

TITLE S ☒ Change ☐ Addition  
NAME Benjamin, LISA P  
STREET ADDRESS 1662 N.W. 152nd Terrace  
CITY-ST-ZIP MIAMI FL 33054

TITLE S  
NAME BROOKLYN, ANNETTE ☐ Delete  
STREET ADDRESS 945 AHMAD STREET.  
CITY-ST-ZIP MIAMI FL 33169

TITLE T ☒ Change ☐ Addition  
NAME Brooklyn, Antoinette  
STREET ADDRESS 945 Ahmad Street  
CITY-ST-ZIP MIAMI FL 33054

TITLE D  
NAME BROOKLYN, IRA ☐ Delete  
STREET ADDRESS 17630 N.W. 46 AVE  
CITY-ST-ZIP MIAMI FL 33-055

TITLE VP ☐ Change ☒ Addition  
NAME Collier, Anthony  
STREET ADDRESS P.O. Box 640863  
CITY-ST-ZIP North Miami Beach FL 33164

TITLE D  
NAME COLLIER, SHONDA ☐ Delete  
STREET ADDRESS 1662 NW 152 TERR  
CITY-ST-ZIP MIAMI FL 33054

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

TITLE D  
NAME PRYCE, MARY ☐ Delete  
STREET ADDRESS 860 N.W. 197TH TERRACE  
CITY-ST-ZIP MIAMI FL 33169

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:

*Kenneth Collier* Kenneth Collier

7/28/04

305 953-2480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #