

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004252

FILED  
Jul 25, 2007  
Secretary of State

**Entity Name:** TRUE WORSHIP APOSTOLIC FAITH INC.

**Current Principal Place of Business:**

5900 N.W. 17TH AVE  
MIAMI, FL 33147

**New Principal Place of Business:**

5900 N.W. 17TH AVE  
MIAMI, FL 33142

**Current Mailing Address:**

1662 NW 152 TERR.  
MIAMI, FL 33054

**New Mailing Address:**

**FEI Number:** 65-0603063      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COLLIER, KENNETH C SR  
1662 N.W. 152 TERR.  
MIAMI GARDENS, FL 33054      US

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: COLLIER, KENNETH C SR  
Address: 1662 N.W. 152 TERRACE  
City-St-Zip: MIAMI, FL 33054

Title: S/T      ( ) Delete  
Name: BENJAMIN, LISA P  
Address: 1662 N.W. 152 TERRACE  
City-St-Zip: MIAMI, FL 33054

Title: D      ( ) Delete  
Name: REESE, HARVEY  
Address: 17630 N.W. 46 AVENUE  
City-St-Zip: MIAMI, FL 33055

Title: VP      ( ) Delete  
Name: COLLIER, ANTHONY C  
Address: 17630 N.W. 46 AVE  
City-St-Zip: MIAMI, FL 33055

Title: D      ( ) Delete  
Name: COLLIER, SHONDA  
Address: 1662 NW 152 TERR  
City-St-Zip: MIAMI, FL 33054

Title: D      (X) Delete  
Name: PRYCE, MARY  
Address: 860 N.W. 197TH TERRACE  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH COLLIER

P

07/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date