

7/26/0

FILED
Aug 10, 2001 8:00 am
Secretary of State

07-26-2001 90009 035 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000710

1. Entity Name

THE CHURCH OF THE APOSTOLIC FAITH, INC.

Principal Place of Business

1313 SW BROOKWOOD ST
MADISON FL 32340

Mailing Address

RT 3 BOX 138
MADISON FL 32340
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3369110

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, EARNEST ELDER
RT 3 BOX 138
MADISON FL 32340

7. Name and Address of New Registered Agent

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 is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, CLINTON	
STREET ADDRESS	RT 7 BOX 928	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	HODGE, MARY	
STREET ADDRESS	108 COLUMBIA	
CITY-ST-ZIP	MADISON FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	BARFIELD, EMMA	
STREET ADDRESS	RT 3 BOX 735	
CITY-ST-ZIP	MADISON FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, ARLETHA	
STREET ADDRESS	RT 3 BOX 138	
CITY-ST-ZIP	MADISON FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	BRINSON, GWEN L	
STREET ADDRESS	ROUTE 3 BOX 78 A	
CITY-ST-ZIP	MADISON FL 32340	

TITLE	T	<input type="checkbox"/> Delete
NAME	STEVERNS, MINNIE	
STREET ADDRESS	509 SOUTH PARRAMORE STREET	
CITY-ST-ZIP	MADISON FL 32340	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Deacon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Roundtree	
STREET ADDRESS	Rt. 1 Box 146	
CITY-ST-ZIP	Madison, FL 32340	

TITLE	Deacon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Williams	
STREET ADDRESS	Rt. 2 Box 136	
CITY-ST-ZIP	Greenville, FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ketty Jackson	
STREET ADDRESS	Rt. 2 Box 136	
CITY-ST-ZIP	Greenville, FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crystal Mitchell	
STREET ADDRESS	Rt. 3 Box 638	
CITY-ST-ZIP	Madison, FL 32340	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E037 (5/01)