

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-19-2003 90010 023 ****61.25

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



☐ CHECK HERE IF MAKING CHANGES

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. 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

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

TITLE **D** ☐ Delete
NAME **WARD, CLINTON**
STREET ADDRESS **RT 7 BOX 928**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **T** ☐ Delete
NAME **HODGE, MARY**
STREET ADDRESS **108 COLUMBIA**
CITY-ST-ZIP **MADISON FL**

TITLE **T** ☐ Delete
NAME **BARFIELD, EMMA**
STREET ADDRESS **RT 3 BOX 735**
CITY-ST-ZIP **MADISON FL**

TITLE **T** ☐ Delete
NAME **JACKSON, ARLETHA**
STREET ADDRESS **RT 3 BOX 138**
CITY-ST-ZIP **MADISON FL**

TITLE **T** ☐ Delete
NAME **BRINSON, GWEN L**
STREET ADDRESS **ROUTE 3 BOX 78 A**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **T** ☐ Delete
NAME **STEVENS, MINNIE**
STREET ADDRESS **509 SOUTH PARRAMORE STREET**
CITY-ST-ZIP **MADISON FL 32340**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **JACKSON, EARNEST ELDER**
STREET ADDRESS **ROUTE 3 BOX 138**
CITY-ST-ZIP **MADISON, FL 32340**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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: EIDER EARNEST JACKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/12/03**

Daytime Phone

850 929 4244

CR2E037 (10/02)