


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90007 011 \*\*\*\*61.25

|   |   |  |   |
|---|---|--|---|
| <b>DOCUMENT # N96000002853</b><br>1. Entity Name<br>FELLOWSHIP SPIRITUAL APOSTOLIC CHURCH, INC.   |   |   |   |
| Principal Place of Business<br>2324 SW 60 TERR.<br>HOLLYWOOD, FL 33023<br><i>MIRIMAR</i>  |   | Mailing Address<br>2324 SW 60 TERR.<br>HOLLYWOOD, FL 33023<br><i>MIRIMAR</i>   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><i>MIRIMAR E</i>   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br><i>MIRIMAR</i>  |   |
| City & State<br><i>FLA</i>  |   | City & State<br><i>FLA</i>   |   |
| Zip<br><i>33023</i>   | Country<br><i>Broward</i>   | Zip<br><i>33023</i>  | Country<br><i>Broward</i>   |
| 6. Name and Address of Current Registered Agent<br>PEARCE, JOYCE<br>16700 NE 21 AVE.<br>NORTH MIAMI BEACH, FL 33160<br><i>New Address</i><br><i>3174 SW 129 Way MIRIMAR FLA</i><br><i>33023</i>   |   | 7. Name and Address of New Registered Agent<br>Name <i>Joyce Pearce / PEARCE JOYCE</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>3174 SW 129 Way</i><br><i>MIRIMAR</i><br>City <i>FL</i> Zip Code <i>33023</i> |   |
| 4. FEI Number<br>65-0756901   |   |  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |  |   |
| Applied For<br>Not Applicable   |   |  |   |
| 05032005 Chg-NP CR2E037 (10/03)   |   |  |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |   |
| Filing Fee is \$61.25<br>Due by September 7, 2005   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>PIERCE, JOYCE<br>11000 NE 9TH CT..<br>MIAMI, FL 33161       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>MCDONALD, ICIDA R<br>745 NW 176TH TER.<br>MIAMI, FL 33161   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br>BECKFORD, JOETTA<br>500 NE 33RD ST., #16<br>MIAMI, FL 33137 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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 <del>the</del> empowered. |   |  |   |
| SIGNATURE: <i>Joyce Pearce</i>  |   | Date: <i>5 20 05</i>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Daytime Phone #  |   |