

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90029 029 ****70.00

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DOCUMENT # N96000002853 1. Entity Name FELLOWSHIP SPIRITUAL APOSTOLIC CHURCH, INC.					
Principal Place of Business 2324 SW 60 TERR. MIRIMAR, FL 33023			Mailing Address 2324 SW 60 TERR. MIRIMAR, FL 33023		
2. Principal Place of Business <i>2324 SW 60 Terr</i>		3. Mailing Address <i>PO Box 601863</i>		05222006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <i>N. miami Beach</i>			
City & State <i>MIRIMAR, FL 33023</i>		City & State <i>FLA.</i>			
Zip <i>33023</i>		Country <i>Florida</i>		4. FEI Number 65-0756901	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent PIERCE, JOYCE 3174 SW 124 WAY MIRIMAR, FL 33023				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DP PIERCE, JOYCE 11000 NE 9TH CT., MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCDONALD, ICIDA R 745 NW 176TH TER. MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BECKFORD, JOETTA 500 NE 33RD ST., #16 MIAMI, FL 33137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Joyce Hildreth</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					