

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

05-30-2007 90005 049 \*\*\*\*70.00

DOCUMENT # N96000002853

1. Entity Name

FELLOWSHIP SPIRITUAL APOSTOLIC CHURCH, INC.



Principal Place of Business

2324 SW 60 TERR.  
MIRIMAR FL 33023

Mailing Address

PO BOX 601863  
NORTH MIAMI BEACH FL 33160



2. Principal Place of Business - No P.O. Box #

~~6020 SW 60th~~ 2324 SW 60th

Suite, Apt. #, etc.

2324 SW 60th

City & State

Mirimar Fla.

Zip

33023

Country

Broward

3. Mailing Address

PO Box 601863

Suite, Apt. #, etc.

N. Miami Beach

City & State

Fla-33160

Zip

33160

Country

Dade

2nd MOORE

CR2E037 (4/07)

4. FEI Number

65-0756901

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEARCE, JOYCE  
3174 SW 124 WAY  
MIRIMAR FL 33023

new address

6020 SW 37th  
mirimar fl 33023

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**  
**Due By September 5, 2007**

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 DP ☐ Delete  
NAME PIERCE, JOYCE  
STREET ADDRESS 11000 NE 9TH CT..  
CITY-ST-ZIP MIAMI FL 33161

TITLE DS ☐ Delete  
NAME MCDONALD, ICIDA R  
STREET ADDRESS 745 NW 176TH TER.  
CITY-ST-ZIP MIAMI FL 33161

TITLE DT ☐ Delete  
NAME BECKFORD, JOETTA  
STREET ADDRESS 500 NE 33RD ST., #16  
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

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 an officer like empowered.

SIGNATURE: *Joyce Pearce* 5 24 07