

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003637

1. Entity Name

APOSTLE FAITH CHURCH OF MIRACLES, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90217 039 ****70.00

Principal Place of Business

Mailing Address

8160 NW 14TH AVE
 MIAMI FL 33147

8160 NW 14TH AVE
 MIAMI FL 33147-5218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0691275

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACE, HENRIETTA J
 2458 N.W. 57TH STREET
 MIAMI FL 33142

Name *Viola Brinkley*

Street Address (P.O. Box Number is Not Acceptable)
8160 NW 14th Ave.

City *Miami,*

FL

Zip Code
33147

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

Viola Brinkley (VIOLA BRINKLEY-VDS)

4/06/00

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BRINKLEY, VAN	
STREET ADDRESS	8160 N.W. 14TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	BRINKLEY, VIOLA	
STREET ADDRESS	8160 N.W. 14TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COPPA, OPHELIA	
STREET ADDRESS	2374 N.W. 93RD STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTIN, CLARA	
STREET ADDRESS	1815 N.W. 88TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Van Brinkley (VAN BRINKLEY-P)

04/06/00

(305) 691-6484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)