

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90172 045 \*\*\*\*61.25

**DOCUMENT # N97000000129**

1. Entity Name

**THE APOSTLES FOUNDATION CHURCH OF JESUS CHRIST I**

Principal Place of Business

Mailing Address

920 N. PARSONS AVENUE  
 SEFFNER FL 33584

920 N. PARSONS AVENUE  
 SEFFNER FL 33584

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3420153**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUFF, ELROY**  
**8013 HIDDEN RIVER DR #A**  
**TAMPA FL 33617**

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: HUFF, ELADY  Delete  
 STREET ADDRESS: 8013 HIDDEN RIVER DR #A  
 CITY-ST-ZIP: TAMPA FL 33617

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

TITLE: VD  
 NAME: HUFF, LETITIA J  Delete  
 STREET ADDRESS: 8013 HIDDEN RIVER DR. APT. A  
 CITY-ST-ZIP: TAMPA FL 33617

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

TITLE: SD  
 NAME: JOHNSON, VELMA J  Delete  
 STREET ADDRESS: 503 CALHOUN AVE  
 CITY-ST-ZIP: SEFFNER FL 33584

TITLE:  Change  Addition  
 NAME: SD HUFF, Letitia  
 STREET ADDRESS: 8013 Hidden River Dr. Apt. A  
 CITY-ST-ZIP: TAMPA, FL 33617

TITLE: S  
 NAME: WILCHER, VELMA J  Delete  
 STREET ADDRESS: 909 N PARSONS AVE  
 CITY-ST-ZIP: SEFFNER FL-33584

TITLE:  Change  Addition  
 NAME: JENKINS, CAROL  
 STREET ADDRESS: 1028 BURDEN CT.  
 CITY-ST-ZIP: TAMPA, FL 33602

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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:

**SIGNATURE OF Pastor Elroy Huff** 1/20/01 (813) 833-5686 (813) 985-4002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)