2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am Secretary of State DOCUMENT # N9700000129 THE APOSTLES FOUNDATION CHURCH OF JESUS CHRIST I 02-25-2002 90030 001 ****61.25 NC. Mailing Address Principal Place of Business 920 N. PARSONS AVENUE 920 N. PARSONS AVENUE SEFFNER FL-33504 SEFFNER-FL 33584: 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3420153 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HUFF, ELROY 8013 HIDDEN RIVER DR #A **TAMPA FL 33617** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9.-Election Campaign Financing **-\$5:00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. CR2E037 (9/01) ☐ Addition PD ☐ Change ☐ Delete TITLE TITLE HUFF, ELADY NAME NAME STREET ADDRESS STREET ADDRESS 8013 HIDDEN RIVER DR #A CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33617 ☐ Addition Change VD ☐ Delete TITLE TITLE NAME HUFF, LETTTA J NAME STREET ADDRESS 8013 HIDDEN RIVER DR. APT. A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33617** Change Addition ☐ Delete TITLE NAME HUFF, LETTIA STREET ADDRESS STREET ADDRESS 8013 HIDDEN RIVER DR APT A CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33617** ☐ Addition TITLE ☐ Delete TITLE JENKINS, CAROL NAME 1113 HARRISON ST NAME STREET ADDRESS 1028 BURDEN CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP '☐'Change ☐ ☐ Addition TITLE Delete TITLE -- TO NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

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12. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

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