

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 21, 2000 8:00 am
Secretary of State

06-21-2000 90001 018 ****62.00

DOCUMENT # N97000002993

1. Entity Name

GREATER APOSTLE FAITH CHURCH, INC.

(R)

Principal Place of Business

Mailing Address

17111 S.W. MAGNOLIA STREET
INDIANTOWN FL 34956

152 PHEASANT RUN BLVD.
WEST PALM BEACH FL 33415-2658



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17111 S.W. Magnolia St

Suite, Apt. #, etc.

3. Mailing Address

6701 Mallard Cove

Suite, Apt. #, etc.

Apt 6-G

City & State

City & State

Jupiter, Florida

4. FEI Number

65-0783316

Applied For

Not Applicable

Zip

Country

Zip

33458

Country

Palm Beach

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

Name Rother L. Pierce Sr

Street Address (P.O. Box Number is Not Acceptable)

6701 Mallard Cove

Apt 6-G

Title - Pastor

City Jupiter

FL

Zip Code 33458

PIERCE, ROTHER L SR.

152 PHEASANT RUN BLVD.

WEST PALM BEACH FL 33415

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

Rother L Pierce SR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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

TITLE	D	PIERCE, ROTHER L SR.	<input type="checkbox"/> Delete
NAME		152 PHEASANT RUN BLVD.	
STREET ADDRESS		WEST PALM BEACH FL 33415	
CITY-ST-ZIP			
TITLE	D	PIERCE, DEBRA S	<input checked="" type="checkbox"/> Delete
NAME		152 PHEASANT RUN BLVD.	
STREET ADDRESS		WEST PALM BEACH FL 33415	
CITY-ST-ZIP			
TITLE	D	ALDRIDGES, CHERYL D	<input checked="" type="checkbox"/> Delete
NAME		14522 S.W. MARTIN LUTHER KING, JR. BLVD.	
STREET ADDRESS		INDIANTOWN FL 34956	
CITY-ST-ZIP			
TITLE	D	THOMPSON, CIRESSA	<input type="checkbox"/> Delete
NAME		P.O. BOX 830 N/A	
STREET ADDRESS		INDIANTOWN FL 34956	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Rother L. Pierce Sr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6701 Mallard Cove Apt 6-G	
STREET ADDRESS		Jupiter, Florida 33458	
CITY-ST-ZIP			
TITLE	D	Ernie B. Pierce	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6787 Mitchell Street	
STREET ADDRESS		Jupiter, Florida 33458	
CITY-ST-ZIP			
TITLE	D	Rose Sims	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5883 Southeast 47th Ave Apt G-106	
STREET ADDRESS		Stuart, Florida 34997	
CITY-ST-ZIP			
TITLE	D	Ciressa Thompson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		P.O. Box 830 N/A	
STREET ADDRESS		Indiantown, Florida 34956	
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			

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:

Rother L Pierce SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 12, 00 744-7739

Date

Daytime Phone #

CR2E037 (9/99)