



**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

00024081

<b>DOCUMENT # N97000002993</b> 1. Entity Name <b>GREATER APOSTLE FAITH CHURCH, INC.</b>				08-03-2006 90003 020 ****61.25	
Principal Place of Business <b>17111 S.W. MAGNOLIA STREET INDIANTOWN, FL 34956</b>		Mailing Address <b>800 DELLAGO CIRCLE # 201 PALM BEACH GARDENS, FL 33410</b>		<b>00024081</b> 	
2. Principal Place of Business		3. Mailing Address		05152006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0783316</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PIERCE, ROTHER L SR. 800 DELLAGO CIRCLE # 210 PALM BEACH GARDENS, FL 33410</b>				7. Name and Address of New Registered Agent Name <b>Debra S Pierce</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 Del Lago Circle # 201 Palm Beach Gardens FL 33410</b>	
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 <b>Debra S Pierce</b> DATE <b>May 30, 2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P PIERCE, ROTHER L SR. 800 DELLAGO CIRCLE PALM BEACH GARDENS, FL 33410</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P Pierce, Debra S. 800 Del Lago Cir #24 Palm Beach Fla 33410</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD PIERCE, ERNIE B 6787 MITHCELL STREET JUPITER, FL 33458</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P PIERCE, DEBRA S 800 DELLAGO CIRCLE PALM BEACH GARDENS, FL 33410</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered. SIGNATURE: <b>Debra S Pierce</b> <b>Debra S Pierce</b> <b>May 30, 2006</b> <b>(561) 775-4518</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					