2000 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

SIGNATURE:

FORT LAUDERDALE FL 33311

May 16, 2000 8:00 am Secretary of State DOCUMENT # N98000003675 1. Entity Name TRUE FAITH ORIGINAL APOSTOLIC CHURCH OF JESUS, I 05-16-2000 90790 027 ****61.25 Principal Place of Business Mailing Address 3250 NW 2ND ST 3250 NW 2ND ST FORT LAUDERDALE FL 33311-8400 FORT LAUDERDALE FL 33311 2. Brincipal Place of Business 3. Mailing Address 3250 MU Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number Louderda 65-0934795 Not Applicable \$8.75 Additional 5. Certificate of Status Desired *333//* Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ·GILBERT: OLLIE M 3250 NW 2ND ST FORT LAUDERDALE FL 33311 Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 : OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change Addition TITLE TITLE ☐ Delete bowell Felica 250 NW 2nd St NAME NAME POWELL, DAVID STREET ADDRESS STREET ADDRESS 3250 NORTHWEST 2ND STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 Change ☐ Addition ☐ Delete TITLE TITLE POWELL, BETTY JEAN NAME NAME STREET ADDRESS STREET ADDRESS 3250 NORTHWEST 2ND STREET CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33311 Change ☐ Addition ☐ Delete TITLE NAME GILBERT, BILLIE MAE NAME STREET ADDRESS STREET ADDRESS 3250 NORTHWEST 2ND STREET CITY-ST-7IP CITY-ST-ZIP <u>FORT LAUDERDALE FL 33311</u> Addition Delete ☐ Change DIDE TITLE ROBINSON, EUGENE NAME NAME STREET ADDRESS **806 PHIPPEN ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DANIA FL 33004 ☐ Addition TITLE ☐ Change TITLE Delete WILSON, ROSA NAME NAME STREET ADDRESS STREET ADDRESS 3250 NORTHWEST 2ND STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME POWELL, JEROME L NAME STREET ADDRESS STREET ADDRESS 3250 NORTHWEST 2ND STREET 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.

FILED