

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90018 034 ****61.25

DOCUMENT # N98000003675

1. Entity Name

TRUE FAITH ORIGINAL APOSTOLIC CHURCH OF JESUS, I

Principal Place of Business

**2907 NW 21ST AVE
 FORT LAUDERDALE FL 33311**

Mailing Address

**3250 NW 2ND ST
 FORT LAUDERDALE FL 33311**

2. Principal Place of Business

1700 North West 15th Ave.

Suite, Apt. #, etc.

3. Mailing Address

Same As Above

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

4. FEI Number

65-0934795

Applied For

Not Applicable

Zip
33311

Country
U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GILBERT, OLLIE M
 3250 NW 2ND ST
 FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name

Wilcher, Deloris

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

1127 North West 1st Ave.

Fort Lauderdale, Florida 33311

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

March 16 2001

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWELL, DAVID 3250 NORTHWEST 2ND STREET FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POWELL, BETTY JEAN 3250 NORTHWEST 2ND STREET FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILBERT, BILLIE MAE 3250 NORTHWEST 2ND STREET FORT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, FLEICIA 3250 NW 2ND ST FORT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, ROSA 3250 NORTHWEST 2ND STREET FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, JEROME L 3250 NORTHWEST 2ND STREET FORT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

Betty Jean Powell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#

Mar 17 2001

CR2E037 (10/00)