

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90235 006 ****61.25

DOCUMENT # N99000000824

1. Entity Name
MANAHEIM APOSTOLIC MINISTRIES INC.

Principal Place of Business 514 S. BETTY LANE, STE. 7 CLEARWATER FL 33756	Mailing Address 514 S. BETTY LANE, STE. 7 CLEARWATER FL 33756-6074
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEL Number 59-3579710	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CEPERO, MIRRIAM M~~
514 S. BETTY LANE, STE. 7
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name **N/A**
~~Street Address (P.O. Box Number is Not Acceptable)~~
 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 *Miriam M. Cepero* **MIRRIAM M. CEPERO** (states the same)
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE P	MIRRIAM M. CEPERO <input type="checkbox"/> Delete
NAME	514 S. BETTY Ln. Suite #7
STREET ADDRESS	CLEARWATER, FLA. 33756-6074
CITY-ST-ZIP	
TITLE S	Janice Grady <input type="checkbox"/> Delete
NAME	8630 Indian Ridge Trail
STREET ADDRESS	Lakeland, Fl 33810
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Treasurer	CHRISTINE SAINT CLAIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	200 Starcrest Blding 15, Apt 142
STREET ADDRESS	Clearwater, Fl. 33758
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	
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: *Miriam M. Cepero* **MIRRIAM M. CEPERO** **727-446-0412**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)