

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000824

1. Entity Name

MANAHEIM APOSTOLIC MINISTRIES INC.

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

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

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEL Number

59-3579710

Applied For

Not Applicable

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

N/A

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

City

FL

Zip Code

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

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 Pres. Mirriam 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. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

TITLE P MIRRIAM M. CEPERO ☐ Delete  
 NAME  
 STREET ADDRESS 514 S. BETTY Ln. Suite #7  
 CITY-ST-ZIP CLEARWATER, FLA. 33756-6074

TITLE S Janice Grady ☐ Delete  
 NAME  
 STREET ADDRESS 8630 Indian Ridge Trail  
 CITY-ST-ZIP Lakeland, FL 33810

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Treasurer CHRISTINE SAINT CLAIR ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS 200 Starcrest Bldg 15, Apt 142  
 CITY-ST-ZIP Clearwater, FL 33758

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: MIRRIAM 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)