

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90275 018 \*\*\*\*70.00

DOCUMENT # *N 99000000824*  
 1. Entity Name  
*MANAHEIM APOSTOLIC MINISTRIES INC.*

Principal Place of Business  
*1325 Union St.*  
*CLEARWATER*  
*Florida, 33755-1100*

Mailing Address  
*P.O. BOX 8566*  
*CLEARWATER*  
*Florida 33758-8566*

768383

2. Principal Place of Business  
*1325 Union St*

3. Mailing Address  
*P.O. BOX 8566*

Suite, Apt. #, etc.  
*CLEARWATER*

Suite, Apt. #, etc.  
*CLEARWATER, Florida*

DO NOT WRITE IN THIS SPACE

City & State  
*Florida*

City & State

Zip  
*33755-1100*

Country  
*U.S.A.*

Zip  
*33758-8566*

Country  
*U.S.A.*

4. FEI 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  
*MIRRIAM M. CEPERO*  
*1325 Union St.*  
*CLEARWATER, FL 33755-1160*

7. Name and Address of New Registered Agent

Name

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* DATE *MAY 1, 2001*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 checked="" 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 type="checkbox"/> Change <input 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: *Miriam M. Cepero* MIRRIAM M. CEPERO *May 1, 2001* 727-442-8098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (11/00)