

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90112 005 ****61.25

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1. Entity Name

MANAHEIM APOSTOLIC MINISTRIES INC.

Principal Place of Business

Mailing Address

1325 UNION ST
 CLEARWATER FL 33755-1100

PO BOX 8566
 CLEARWATER FL 33758-8566

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3579710

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired *V/A*

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CEPERO, MIRRIAM M
1325 UNION ST
CLEARWATER FL 33755-1160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CEPERO, MIRRIAM M	
STREET ADDRESS	1325 UNION ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRADY, JANICE	
STREET ADDRESS	8630 INDIAN RIDGE TRAIL	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAINT CLAIR, CHRISTINE	
STREET ADDRESS	200 STARCREST BLDG 15 APT 142	
CITY-ST-ZIP	CLEARWATER FL 33758	
TITLE	2VPT	<input type="checkbox"/> Delete
NAME	BETANCOURT, REV. NAVAN	
STREET ADDRESS	1211 GINA COURT	
CITY-ST-ZIP	APOKA FL	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	BETANCOURT, MINERVA	
STREET ADDRESS	1211 GINA COURT	
CITY-ST-ZIP	APOKA FL	
TITLE		<input type="checkbox"/> Delete
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		
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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 Aug. 24, 2002 - 447-7281

CR2E037 (4/02)