

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 **1/A**

\$8.75 Additional
 Fee Required

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **CEPERO, MIRRIAM M**
 CITY-ST-ZIP **1325 UNION ST**
CLEARWATER FL 33755

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **GRADY, JANICE**
 CITY-ST-ZIP **8630 INDIAN RIDGE TRAIL**
LAKELAND FL 33810

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **SAINT CLAIR, CHRISTINE**
 CITY-ST-ZIP **200 STARCREST BLDG 15 APT 142**
CLEARWATER FL 33758

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

TITLE ☐ Delete
 NAME **2VPT**
 STREET ADDRESS **BETANCOURT, REV. NAVAN**
 CITY-ST-ZIP **1211 GINA COURT**
APOKA FL

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

TITLE ☐ Delete
 NAME **1VP**
 STREET ADDRESS **BETANCOURT, MINERVA**
 CITY-ST-ZIP **1211 GINA COURT**
APOKA FL

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

TITLE ☐ Delete
 NAME
 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* **727-447-7281**
 Aug 24, 2002

CR2E037 (4/02)