

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90086 020 \*\*\*\*61.25

**DOCUMENT # N99000001467**

1. Entity Name

**FAITH ABOUNDING WORLDWIDE MINISTRIES CORP.**

Principal Place of Business

Mailing Address

6361 S.W. 35 ST.  
 MIRAMAR FL 33023

6361 S.W. 35 ST.  
 MIRAMAR FL 33023-5014

2. Principal Place of Business

**Apollo Middle School (Audit)**

3. Mailing Address

Suite, Apt. #, etc.  
**6800 Arthur Street**

Suite, Apt. #, etc.

City & State  
**Hollywood, Florida**

City & State

Zip  
**33024**

Country  
**USA**

Zip

Country

4. FEI Number

**65-0909864**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$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

**MARCH, ANTHONY J**  
**6361 S.W. 35 ST.**  
**MIRAMAR FL 33023**

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 ANTHONY J. MARCH/PRESIDENT

1/20/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
**P D**  
**Anthony J. March**  
**6361 SW 35 Street**  
**Miramar, Fl 33023**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
**V/S D**  
**Valerie March**  
**6361 SW 35 Street**  
**Miramar, Fl 33023**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
**T T**  
**Lashunda Wilson**  
**18253 NW 23rd. Ave. Apt #2**  
**Miami, Fl 33056**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  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: Valerie March, Vice President Valerie March 1/20/2000 305-521-1618  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)