

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002328

1. Entity Name

ANOINTED CHRISTIAN FAITH CENTER INTERNATIONAL IN

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90311 016 ****61.25

010035



DO NOT WRITE IN THIS SPACE

Principal Place of Business 16325 S.W. 288TH ST HOMESTEAD FL 33033	Mailing Address 16325 S.W. 288TH ST HOMESTEAD FL 33033
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2. Principal Place of Business 16325 S.W. 288TH ST Suite, Apt. #, etc. HOMESTEAD 71 City & State	3. Mailing Address 16325 S.W. 288TH ST Suite, Apt. #, etc. HOMESTEAD FL City & State
Zip 33033 Country DADE	Zip 33033 Country DADE

4. FEI Number 65-0891955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOORE, FLOYD L PASTOR 14541 SW 296TH ST. MIAMI FL 33033
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>Bishop Floyd Moore</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	March, 22, 2001 DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, FLOYD 14541 S.W. 296TH ST LEISURE CITY FL 33033 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, CLAUDIA E 14541 S.W. 296TH ST LEISURE CITY FL 33033 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, ROY P.O. BOX 90-1451 HOMESTEAD FL 33093 <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 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 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: SIGNATURE REQUIRED	Date	Daytime Phone #
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CR2E037 (10/00)