FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jul 15, 2002 8:00 am Secretary of State DOCUMENT # **N9900003117** 07-15-2002 90190 022 \*\*\*\*61.25 SUNCOAST BIBLEWAY MINISTRIES APOSTOLIC, INC. Principal Place of Business Mailing Address 13313 CENTER STREET 13313 CENTER STREET DADE CITY FL 33525 DADE CITY FL 33525 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0927078 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOPER, HARTMAN L Street Address (P.O. Box Number is Not Acceptable) 13313 CENTER STREET DADE CITY FL 33525 City 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, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE □ Delete TITLE ☐ Addition NAME BERNARD, BETTY J NAME STREET ADDRESS 13313 CENTER STREET STREET ADDRESS CITY-ST-7IP DADE CITY FL 33525 CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME WILSON, AMELIA NAME STREET ADDRESS 37126 GOLDEN ROD CT STREET ADDRESS CITY-ST-ZIP DADE CITY FL 33523 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME COOPER, HARTMAN NAME STREET ADDRESS 13313 CENTER STREET STREET ADDRESS CITY-ST-ZIP DADE CITY FL 33525 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME CLARK, WILLIE STREET ADDRESS 13326 LEE STREET STREET ADDRESS CITY-ST-ZIP DADE CITY FL 33523 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOUSTON, ROBERT NAME NAME STREET ADDRESS 315 20TH STREET EAST STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34225 CITY-ST-ZIP TITLE Delete TITLE **⊈**†\*Change Addition THOMAS, CHARLES E SR NAME NAME 3884 old Sparkman Real STREET ADDRESS 38811 OLD SPARKMAN ROAD STREET ADDRESS Dade City, FL 33525

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.

CITY-ST-ZIP

SIGNATURE:

DADE CITY FL 33525

CITY-ST-ZIP