

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90007 025 \*\*\*\*61.25

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N99000004149**

1. Entity Name

THE OLD PATH CHURCH OF THE APOSTOLIC FAITH, INC.

Principal Place of Business

1912 N. HOWARD AVE.  
 TAMPA FL

Mailing Address

1941 W. CYPRESS ST.  
 TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3383107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

POWELL, MICHAEL L  
 5304 MARY CT., #107  
 TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

Willie L. Green

Street Address (P.O. Box Number is Not Acceptable)

1941 W. Cypress

City

Tampa FL 33606 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

Willie L. Green

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

(NOT: Registered Agent signature required when reinstating)

DATE

6-21-01

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, WILLIE L	
STREET ADDRESS	1912 N. HOWARD AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	BLUE, MAZE	
STREET ADDRESS	1912 N. HOWARD AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEELAR, AARONISA	
STREET ADDRESS	1912 N. HOWARD AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	MAYS, NORMA	
STREET ADDRESS	1912 N. HOWARD AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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:** Willie L. Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)