

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-28-2003 90069 036 ****70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 310753

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
TAMPA, FL

4. FEI Number 59-3383107

Applied For

Not Applicable

Zip

Country

Zip
33608-1753

Country

U.S.A.

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, WILLIE L
1941 W. CYPRESS
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name MAZIE S. BLUE

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

5010 N 34TH ST

City TAMPA

FL Zip Code 33610

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

MAZIE S. BLUE S/M, P/D, D

7/9/03

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, WILLIE L 1912 N. HOWARD AVE. TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BLUE, MAZIE 1912 N. HOWARD AVE. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEELAR, AARONISA 1912 N. HOWARD AVE. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MAYS, NORMA 1912 N. HOWARD AVE TAMPA FL	<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	MAZIE S. BLUE P/O/D/S/T 5010 N 34TH ST TAMPA, FL 33610-6512	<input checked="" 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:

MAZIE S. BLUE

7/9/03

813-635-9314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (4/03)