FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

MIAMI FL 33128

DOCUMENT # N9500003449 (4)

Mailing Address

HOLINESS BORN AGAIN CHURCH OF JESUS CHRIST (APOS TOLIC), INCORPORATED

Principal Place of Business 2796 RIVER RUN CIRCLE WEST 4281 N.W. 167TH STREET MIRAMAR FL 33025 MIAMI FL 33055 3a. Date of Last Report 3. Date incorporated or Qualified 07/21/1995 4 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65 ~ Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip ☐ Yes ☐ No 30 Florida Statutes 29 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) HENRIQUES, GENNIVIEVE 82 7 N.W. 2ND STREET 83 #218 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS IN, 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE Decem 11 TITLE TITLE PD Altimon 1.2 NAME NAME JAMES, DAFTON 388 Dewey 1.3 STREET ADDRESS 2796 RIVER RUN CIRCLE WEST STREET ADDRESS FI. 33023 Holywood, 1.4 CHTY - ST - ZIP MIRAMAR FL 33025 CITY-S1-ZIP Addition Change Henber DELETE 21 TITLE TITLE SD Jacquiline Henry 2.2 NAME NAME JAMES, PAULINE 2796 RIVER RUN CIRCLE WEST 2.3 STREET ADDRESS 790"NE 146 SH STREET ADDRESS FI. 2 4 CITY-ST-ZIP MIRAMAR FL 33025 CITY - ST-ZIP Change Addition DELETE 31 THLE TITLE 3.2 NAME DRUMMOND, ANSEL PASTOR NAME 3.3 STREET ADDRESS 15460 S.W. 73RD LANE #4 STREET ADDRESS 3 4. CITY - ST - ZIP MIAMI FL 33193 CITY-ST-2IP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME DRUMMOND, CAROLYN NAME 4.3 STREET ADDRESS 6000001829736 --05/20/96--01055--008₆₆ 15460 S.W. 73RD LAHE #4 STREET ADDRESS 44 CITY - ST - ŽIP **MIAMI FL 33193** CITY - ST - ZIP Addition DELETE 5.1 TITLE ***61.25 TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Tolsie-Denymond 1/24

85

CR2E037 (12/95)