

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003449

1. Entity Name

HOLINESS BORN AGAIN CHURCH OF JESUS CHRIST (APOSTOLIC), INCORPORATED

Principal Place of Business

Mailing Address

9121 PEMBROKE ROAD
PEMBROKE PINES FL 33025
US

1503 SW 161 AVENUE
PEMBROKE PINES FL 33027

2. Principal Place of Business

6452 Pembroke Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

4. FEI Number

65-0596529

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, DAFTON
1503 SW 161 AVENUE
PEMBROKE PINES FL 33027

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME JAMES, DAFTON
STREET ADDRESS 1503 SW 161 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE D ☐ Change ☒ Addition
NAME NELSON, EULA
STREET ADDRESS 1420 NW 20 CT #A
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE SD ☐ Delete
NAME JAMES, PAULINE
STREET ADDRESS 1503 SW 161 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE D ☐ Change ☒ Addition
NAME MILLER, SAMUEL
STREET ADDRESS 6636 ARBOR DRIVE
CITY-ST-ZIP MIRAMAR FL 33023

TITLE VD ☒ Delete
NAME DRUMMOND, ANSEL
STREET ADDRESS 15460 SW 73RD LN #4
CITY-ST-ZIP MIAMI FL 33193

TITLE D ☐ Change ☒ Addition
NAME LEWIS, JABEZ
STREET ADDRESS 2401 SCOTTS LEVEL ROAD
CITY-ST-ZIP BALTIMORE MD

TITLE TD ☒ Delete
NAME DRUMMOND, CAROLYN
STREET ADDRESS 15460 SW 73RD LN #4
CITY-ST-ZIP MIAMI FL 33193

TITLE D T ☐ Change ☒ Addition
NAME NePAUL, ALTIMON
STREET ADDRESS 6444 FUNSTON STREET
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME REID, KENNETH
STREET ADDRESS 18135 NW 6 AVE
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James DAFTON James-PRES. 3-27-02 (954)437-8908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0071332

CR2E037 (9/01)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90232 020 *****61.25

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DO NOT WRITE IN THIS SPACE