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

FILED
Sep 03, 2004 8:00 am
Secretary of State
09-03-2004 90004 001 ****61.25

DOCUMENT # 717830

1. Entry Name
APOSTOLIC MIRACLE TEMPLE OF NEW JERUSALEM, INC.

DO NOT WRITE IN THIS SPACE

24083449

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2939 N.W. 46th STREET	14330 N.W. 21 CT
Suite, Apt. #, etc.	Suite, Apt. # etc.
City & State: MIAMI, FLORIDA	City & State
Zip: 33054 Country: DADE	Zip Country

4. FEI Number: 31-1759996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: THEADIO DINSON

Street Address (P.O. Box Number is Not Acceptable): 14330 N.W. 21 COURT

City: MIAMI FL 33054 FL Zip Code: 33054

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: Theadio Dinson 8/31/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FEE: $61.25 Initial or Amended UBR

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: VTD NAME: WILLIAMS, DORA STREET ADDRESS: 2939 N.W. 46 STREET CITY-ST-ZIP: MIAMI FL 33142		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: DINSON, MERLENE STREET ADDRESS: 2939 N.W. 46 STREET CITY-ST-ZIP: MIAMI FL 33142		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: DINSON, JAMES SR. STREET ADDRESS: 2939 N.W. 46 STREET CITY-ST-ZIP: MIAMI FL 33142		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	**DO NOT WRITE IN THIS SPACE**
TITLE: PD NAME: THEADIO DINSON STREET ADDRESS: 2939 N.W. 46 STREET CITY-ST-ZIP: MIAMI FL 33142		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: SD NAME: BROWN, ANNIE E STREET ADDRESS: 2939 N.W. 46 STREET CITY-ST-ZIP: MIAMI FL 33142		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: SANDRA CARTER STREET ADDRESS: 2939 N.W. 46 STREET CITY-ST-ZIP: MIAMI FL 33142		TITLE: 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Theadio Dinson 8/31/04 305 688 6652 786 277 2507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037B (12/02)