

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

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90049 012 ****61.25

DOCUMENT # 717830

1. Entity Name

✓
APOSTOLIC MIRACLE TEMPLE OF
NEW JERUSALEM, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2939 N.W. 46th STREET

Suite, Apt. #, etc.

3. Mailing Address

14330 N.W. 21 CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

Zip

33054

Country

DADE

City & State

Zip

Country

4. FEI Number

31-1759996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Shed Dinson

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

(NOTE: Registered Agent signature required when reinstating)

6/12/03

DATE

FEE IS \$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
NAME
STREET ADDRESS
CITY - ST - ZIP

VTD

WILLIAMS, DORA

2939 N.W. 46 STREET

MIAMI FL 33142

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

DINSON, MERLENE

2939 N.W. 46 STREET

MIAMI FL 33142

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

DINSON, JAMES SR.

2939 N.W. 46 STREET

MIAMI FL 33142

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD

THEADIO DINSON

2939 N.W. 46 STREET

MIAMI FL 33142

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD

BROWN, ANNIE E

2939 N.W. 46 STREET

MIAMI FL 33142

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

SANDRA CARTER

2939 N.W. 46 STREET

MIAMI FL 33142

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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:

Shed Dinson

6/12/03

305 6885652
786 2772507

CR2E037B (12/02)