

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:17

DOCUMENT # 732216 (7)

1. Corporation Name

APOSTLE HOLINESS CHURCH OF JESUS CHRIST

Principal Place of Business

3019 NW 6TH ST.
POMPANO BEACH FL 33069-2123

Mailing Address

3019 NW 6TH ST.
POMPANO BEACH FL 33069-2123

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/19/1975

3a. Date of Last Report
04/19/1994

4. FEI Number
50-2647001

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAIN, LEROY BISHOP
3013 NW 6TH STREET
POMPANO BEACH FL 33069

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

BAIN, LEROY

3026 NW 6TH STREET

POMPANO BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

COBBS, ANNIE PEARL

3013 NW 6TH STREET

POMPANO BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SCD

BAIN, AMBRISSE

3026 NW 6TH ST.

POMPANO BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

BAIN, ANNIE PEARL

3013 NW 6TH ST

POMPANO BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

BAIN, LEON

3026 N.W. 6TH STREET

POMPANO BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AT

BAIN, GARY

3013 NW 6TH STREET

POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 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 110.07(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 liquidator 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

Date

Signature (Circle 2)

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