

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 740188**

1. Entity Name

THE TRUE BORN CHURCH OF CHRIST OF THE APOSTOLIC

Principal Place of Business

**5190 BRECKENRIDGE PLACE #50
WEST PALM BEACH FL 33417**

Mailing Address

**5190 BRECKENRIDGE PLACE #50
WEST PALM BEACH FL 33417**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

50-1196006

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**RICHARDSON, JOSEPH
5190 BRECKENRIDGE PLACE #50
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, JOSEPH SR.	
STREET ADDRESS	5190 BRECKENRIDGE PLACE, #50	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE	T	<input type="checkbox"/> Delete
NAME	GRIMES, ELAINE	
STREET ADDRESS	1933 HILTONIA CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

TITLE	T	<input type="checkbox"/> Delete
NAME	RICHARDSON, MATTHEW	
STREET ADDRESS	2220 N. AUSTRALIAN AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90081 007 ****61.25

00028583

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)