

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 748253 (2)

1. Corporation Name

ALL POWER CHURCH OF OUR LORD JESUS CHRIST INC.

Principal Place of Business

Mailing Address

4TH STR.  
316  
HOMESTEAD FL 33033  
US

30113 S.W. 152ND PLACE  
LEISURE CITY FL 33033  
US



3. Date Incorporated or Qualified  
07/30/1979

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4TH STR.  
Suite, Apt. #, etc.

26 30113 S.W. 152ND PLACE  
Suite, Apt. #, etc.

4. FEI Number  
65-0323965

Applied For  
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKAY, SAMANTHA  
30113 S.W. 152ND AVE  
LEISURE CITY FL 33033

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	BPD	<input checked="" type="checkbox"/> DELETE
NAME	MCKAY, BISHOP ROBERT E.	
STREET ADDRESS	30113 S.W. 152ND AVE.	
CITY-ST-ZIP	LEISURE CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCKAY, YVONNE	
STREET ADDRESS	30113 S.W. 152ND AVE.	
CITY-ST-ZIP	LEISURE CITY FL	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	MCKAY, SAMANTHA	
STREET ADDRESS	30113 S.W. 152ND AVE.	
CITY-ST-ZIP	LEISURE CITY FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	REV. ROBERT MC KAY	2489984
1.2 NAME	30113 S.W. 152ND AVE.	
1.3 STREET ADDRESS	HOMESTEAD, FL 33033	
1.4 CITY-ST-ZIP	LEISURE CITY FL	
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCKAY YVONNE	
2.3 STREET ADDRESS	30113 SW 152 Ave	
2.4 CITY-ST-ZIP	LEISURE CITY FL	
3.1 TITLE	SAD MCKAY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAMANTHA	
3.3 STREET ADDRESS	30113 SW 152 Ave	
3.4 CITY-ST-ZIP	LEISURE CITY FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500001840455	
5.3 STREET ADDRESS	-05/28/96--01026--002	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 trustee 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

Daytime Phone #

CR2E037 (12/95)