

2000 UNIFORM BUSINESS REPORT (UBR)

4/24/01

FILED

May 22, 2000 8:00 am
Secretary of State

04-24-2000 90033 016 ****61.25

DOCUMENT # 748253

1. Entity Name

ALL POWER CHURCH OF OUR LORD JESUS CHRIST INC.

Principal Place of Business

Mailing Address

ST 316
KNESTAD FL 33033
IS

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0323965

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

Samantha McKay

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-2000

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PFD	<input checked="" type="checkbox"/> Delete
NAME	MCKAY, ROBERT E	
STREET ADDRESS	30113 SW 152ND AVE	
CITY-ST-ZIP	LEISURE CITY FL 33033	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCKAY, YVONNE	
STREET ADDRESS	30113 SW 152ND AVE	
CITY-ST-ZIP	LEISURE CITY FL 33033	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCKAY, SAMANTHA	
STREET ADDRESS	30113 SW 152 AVE	
CITY-ST-ZIP	LEISURE CITY FL 33033	
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		

TITLE	PFD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, ROBERT E	
STREET ADDRESS	30113 SW 152ND AVE	
CITY-ST-ZIP	LEISURE CITY FL 33033	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, YVONNE	
STREET ADDRESS	30113 SW 152ND AVE	
CITY-ST-ZIP	LEISURE CITY FL 33033	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, SAMANTHA	
STREET ADDRESS	30113 SW 152 AVE	
CITY-ST-ZIP	LEISURE CITY FL 33033	
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		

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: *Bishop Robert McKay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-2000

CR2E037 (9/99)