

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748253

1. Entity Name

ALL POWER CHURCH OF OUR LORD JESUS CHRIST INC.

Principal Place of Business

4TH ST 316
HOMESTEAD FL 33033
US

Mailing Address

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

2. Principal Place of Business

4TH ST 316
Suite, Apt. #, etc.

3. Mailing Address

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

City & State

HOMESTEAD FL

City & State

LEISURE CITY FL

Zip

33033

Country

DADE

Zip

33033

Country

DADE

6. Name and Address of Current Registered Agent

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

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

Samantha McKay

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PFD
MCKAY, ROBERT E
30113 SW 152ND AVE
LEISURE CITY FL 33033

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
MCKAY, YVONNE
30113 SW 152ND AVE
LEISURE CITY FL 33033

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
MCKAY, SAMANTHA
30113 SW 152 AVE
LEISURE CITY FL 33033

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PFD
MCKAY, ROBERT
30113 SW 152ND AVE
LEISURE CITY FL 33033

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
MCKAY, YVONNE
30113 SW 152ND AVE
LEISURE CITY FL 33033

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
MCKAY, SAMANTHA
30113 SW 152 AVE
LEISURE CITY FL 33033

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Robert E. McKay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 8 2 001
Date Daytime Phone #

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90232 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)