

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748253

1. Entity Name

ALL POWER CHURCH OF OUR LORD JESUS CHRIST INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91722 010 ****61.25

Principal Place of Business

Mailing Address

4TH ST 316
HOMESTEAD FL 33033
US

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4th ST 316

30113 S.W. 152ND PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

City & State

LEISURE CITY, FL

Zip

Country

33033 US

Zip

Country

33033

US

4. FEI Number

65-0323965

Applied For

Not Applicable

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

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

Name MCKAY, SAMANTHA

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

30113 S.W. 152ND AVE

City

LEISURE CITY

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/3/02

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 152 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 152 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		
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:

Robert E. McKay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/02

Daytime Phone #

CR2E037 (9/01)