

# 2004 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # 748253

1. Entity Name

ALL POWER CHURCH OF OUR LORD JESUS CHRIST INC.

03-10-2004 90021 002 \*\*\*\*61.25

Principal Place of Business 4TH ST 316 HOMESTEAD FL 33033 US	Mailing Address 30113 S.W. 152ND PLACE LEISURE CITY FL 33033 US
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44016599



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4TH ST 316 Suite, Apt. #, etc.	3. Mailing Address 30113 S.W. 152ND AVE Suite, Apt. #, etc.
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City & State HOMESTEAD FL	City & State LEISURE CITY FL
Zip 33033	Zip 33033
Country DADE	Country DADE

4. FEI Number 65-0323965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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: MCKAY, SAMANTHA  
 Street Address (P.O. Box Number is Not Acceptable):  
 30113 SW 152 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*  
 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 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKAY, YVONNE 30113 SW 152ND AVE LEISURE CITY FL 33033 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKAY, SAMANTHA 30113 SW 152 AVE LEISURE CITY FL 33033 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PFD MCKAY, ROBERT E 30113 SW 152ND AVE LEISURE CITY FL 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKAY, YVONNE 30113 SW 152ND AVE LEISURE CITY FL 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKAY, SAMANTHA 30113 SW 152 AVE LEISURE CITY FL 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bishop Robert McKay*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2004 Day: 11