200 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

05 JUN 10 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748253

1. Entity Name

ALL POWER CHURCH OF OUR LORD JESUS CHRIST INC.

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. 152 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD FL	City & State: LEISURE CY FL
Zip: 33033 Country: DADE	Zip: 33033 Country: DADE

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 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			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	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PFD MCKAY, ROBERTE 30113 SW 152ND AVE LEISURE CY FL 33033	☑ Change ☐ Addition
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	TD MCKAY, YVONNE 30113 SW 152ND AVE LEISURE CY FL 33033	☑ Change ☐ Addition
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	SD MCKAY, SAMANTHA 30113 SW 152 AVE LEISURE CY FL 33033	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900056149969 06/14/05--01039--003 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bishop Robert McKay 6-9-2005
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR — Date — Daytime Phone #