# 2006 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 12, 2006 8:00 am**
**Secretary of State**
07-12-2006 90003 012 ****61.25

DOCUMENT # 748253

1. Entity Name

ALL POWER CHURCH OF OUR LORD JESUS CHRIST INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4TH ST 316<br>HOMESTEAD FL 33033<br>US | 30113 S.W. 152ND PLACE<br>LEISURE CITY FL 33033<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4TH ST 316 | 30113 S.W. 152ND 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<br>30113 S.W. 152ND AVE<br>LEISURE CITY FL 33033<br>SD | Name: MCKAY, SAMANTHA<br>Street Address (P.O. Box Number is Not Acceptable): 30113 SW 152 AVE<br>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: PFD<br>NAME: MCKAY, ROBERT E<br>STREET ADDRESS: 30113 SW 152ND AVE<br>CITY-ST-ZIP: LEISURE CITY FL 33033<br>VPD | ☑ Delete | TITLE: PFD<br>NAME: MCKAY, ROBERTE<br>STREET ADDRESS: 30113 SW 152ND AVE<br>CITY-ST-ZIP: LEISURE CY FL 33033 | ☑ Change ☐ Addition |
| TITLE: TD<br>NAME: MCKAY, YVONNE<br>STREET ADDRESS: 30113 SW 152ND AVE<br>CITY-ST-ZIP: LEISURE CITY FL 33033<br>TD | ☑ Delete | TITLE: TD<br>NAME: MCKAY, YVONNE<br>STREET ADDRESS: 30113 SW 152ND AVE<br>CITY-ST-ZIP: LEISURE CY FL 33033 | ☑ Change ☐ Addition |
| TITLE: SD<br>NAME: MCKAY, SAMANTHA<br>STREET ADDRESS: 30113 SW 152 AVE<br>CITY-ST-ZIP: LEISURE CITY FL 33033<br>SD | ☑ Delete | TITLE: SD<br>NAME: MCKAY, SAMANTHA<br>STREET ADDRESS: 30113 SW 152 AVE<br>CITY-ST-ZIP: LEISURE CY FL 33033 | ☑ Change ☐ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Delete | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Delete | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Delete | TITLE:<br>NAME:<br>STREET ADDRESS:<br>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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bishop Robert McKay 2007