

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90131 035 *****61.25

DOCUMENT # N00000001119

1. Entity Name

GEAT GOD APOSTOLIC CHURCH, INC.



Principal Place of Business

**PO BOX 3764
WEST PALM BEACH FL 33402-3764**

Mailing Address

**909 29TH STREET
W. PALM BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

P.O. Box 3764

Suite, Apt. #, etc.

WEST Palm Beach

City & State

FL

Zip

33402

Country

USA

4. FEI Number **65-0932912**

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

**TURNER, DELORES E. DR. PH.D
909 29TH STREET
W. PALM BEACH FL 33407**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Same

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **TURNER, DELORES E**
STREET ADDRESS **11867 STAR BRIDGE LANE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **JOE, MELINDA**
STREET ADDRESS **380 W. 28TH STREET**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **JOE, MELLO**
STREET ADDRESS **909 29TH STREET**
CITY-ST-ZIP **W. PALM BEACH FL 33407**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WILEY, MELISSA**
STREET ADDRESS **2959 W. 31ST STREET**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JOE, MIRIAM**
STREET ADDRESS **410 W. 27TH STREET**
CITY-ST-ZIP **W. PALM BEACH FL 33404**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

DeLores Turner

5-1-03

CR2E037 (10/02)