

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # N00000004365

1. Entity Name
 THE REBORN APOSTOLIC MINISTRIES INTERNATIONAL, INC.

Principal Place of Business 1200 N W 29TH WAY FT LAUDERDALE FL 33311	Mailing Address 1200 N W 29TH WAY FT LAUDERDALE FL 33311
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2. Principal Place of Business 2140 N.W. 2ND STREET	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State POMPANO BEACH FL	City & State

4. FEI Number
65-1021588

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JENKINS ALEX LSR
 1200 N W 29TH WAY
 FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

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.

SIGNATURE ALEX L. JENKINS, SR DATE 04/19/2001
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	<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
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	D WARD EDDIE B 1700 N.W. 6TH AVE POMPANO BEACH FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER DEITRA D 1700 N.W. 6TH AVE POMPANO BEACH FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER EDWIN 1700 N.W. 6TH AVE POMPANO BEACH FL 33060 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLIS MICHAEL 3300 N.E. 3RD #114 POMPANO BEACH FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS LATRINA W 1200 N W 29TH WAY FT LAUDERDALE FL 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS EDDIE SR 826 PEACHTREE STREET COCOA FL 33311 <input checked="" 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)(f), 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: LATRINA W. JENKINS D 04/19/2001

CR2E037 (11/00)