

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90042 024 ***61.25

DOCUMENT # N00000006338

1. Entity Name

JENSEN BEACH APOSTOLIC CHURCH, INC.

Principal Place of Business

**92 NE CYPRESS TR
 JENSEN BEACH FL 34957**

Mailing Address

**92 NE CYPRESS TR
 JENSEN BEACH FL 34957**

358777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2015 NE Dixie Hwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jensen Bch, FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34957

Country

Martin

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DACOSTA, LEON A JR
 92 NE CYPRESS TR
 JENSEN BEACH FL 34957**

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

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	D	<input type="checkbox"/> Delete
NAME	MORGAN, SCOTT	
STREET ADDRESS	1416 NE OAK LN DR	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	RHODES, REBECCA	
STREET ADDRESS	8624 VENEZIA DR, APT-2416	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARTLEY, DON	
STREET ADDRESS	4407 NATURRO ST	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	D	<input type="checkbox"/> Delete
NAME	DACOSTA, MARY	
STREET ADDRESS	92 NE CYPRESS TR	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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 empowers.

SIGNATURE: Mary E. Dalosta 4/22/02 561-334-3381
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #