

2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

2015 NE Dixie Hwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jensen Bch, FL

City & State

Zip

34957

Country

Martin

Country

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
NAME MORGAN, SCOTT ☐ Delete
STREET ADDRESS 1416 NE OAK LN DR
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE D
NAME RHODES, REBECCA ☐ Delete
STREET ADDRESS 8624 VENEZIA DR, APT-2416
CITY-ST-ZIP ORLANDO FL 32801

TITLE D
NAME GARTLEY, DON ☐ Delete
STREET ADDRESS 4407 NATURRO ST
CITY-ST-ZIP PORT ST LUCIE FL 34953

TITLE D
NAME DACOSTA, MARY ☐ Delete
STREET ADDRESS 92 NE CYPRESS TR
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

Mary E. Dalosta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 561-334-3381
Date Daytime Phone #

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

05-10-2002 90042 024 ****61.25

358777



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)