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

Mailing Address

2889 NW 14TH CT

3. Mailing Address

City & State

Zip

FT LAUDERDALE FL 33311

Suite, Apt. #, etc.

DOCUMENT # N0100002139

1. Entity Name

2889 NW 14TH CT

Principal Place of Business

FT LAUDERDALE FL 33311

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

2. Principal Place of Business

JERUSALEM BOUND HOLINESS CHURCH INC.

Country



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90076 026 ****61.25

JUULAUIJ



CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1086145 Applied For Not Applicable

5. 3 1/4 Applied For Not Applicable

5. Certificate of Status Desired Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Country

SMART, DANIEL SR 1244 NW 1ST AVENUE FT LAUDERDALE FL 33311

Street Address (P.O. Box Number is Not Acceptable)

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.

FILE NOW: FEE IS \$61.25

Signature, typed or printed name of registered agent and title if applicable.

Election Campaign Financing \$5.0

Trust Fund Contribution.

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

DATE

Zip Code

10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PT	☐ Delete	TITLE	TTR		Change	Addition -	
NAME	SMART, DANIEL		NAME	LEDNARD HA	mpton			
STREET ADDRESS	1244 NW 1ST AVE		STREET ADDRESS	140 N.W.62 A	100			
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP	LEDNARD HA LEDNARD HA 140 LLW. 62 A SUNRIS PL.	<i>333/3</i>			
TITLE	ST	☐ Delete	TITLE			Change	☐ Addition	
NAME	SMART, DOROTHY		NAME	,				
STREET ADDRESS	1244 NW 1ST AVE		STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP					
TITLE	TTR	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	WEST, MAGDLENE	المحد عظم الأثار بالمساء	NAME	بد هرمرون به ۳۰۰۰		* ~		
STREET ADDRESS	2313 NW 14TH ST		STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	· • · · · ·		☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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: _

SIGNATURISMESTICE SMART 2/10/03 954 466 0191

CR2E037 (10/02)