

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02533

1. Entity Name

SOULS HARBOR CHURCH, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90011 020 ****70.00

Principal Place of Business

4203 SPAFFORD AVE
WEST PALM BEACH FL 33409
US

Mailing Address

P.O. BOX 18825
WEST PALM BEACH FL 33416-8825
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRANDON, PHYLLIS P
449 FIRST STREET
WEST PALM BEACH FL 33413

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

Pastor Phyllis Uzumefune

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME BRANDON, PHYLLIS
STREET ADDRESS 449 FIRST STREET N
CITY-ST-ZIP W. PALM BEACH FL

TITLE P ☒ Change ☐ Addition
NAME UZUMEFUNE PHYLLIS
STREET ADDRESS 449 1ST N.
CITY-ST-ZIP WEST PALM BEACH FL ☐ Change ☐ Addition

TITLE ST ☐ Delete
NAME WILLIAMS, CHERYL A
STREET ADDRESS 1622 61ST TRAIL S
CITY-ST-ZIP WEST PALM BEACH FL 33415

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

TITLE ST ☒ Delete
NAME ANDERSON, SHELA P
STREET ADDRESS 7329 PALMDALE DR
CITY-ST-ZIP LANTANA FL 33462

TITLE V P ☒ Change ☐ Addition
NAME CHIEF UZUMEFUNE
STREET ADDRESS 449 1ST N.
CITY-ST-ZIP WEST PALM BEACH, FL ☐ Change ☐ Addition

TITLE TR ☐ Delete
NAME JONES, KARL
STREET ADDRESS 1326 W 26TH CT
CITY-ST-ZIP RIVIERA BEACH FL 33404

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

TITLE D ☐ Delete
NAME SCOTT, DEE DEE
STREET ADDRESS 566 N CREPYS DR
CITY-ST-ZIP TUQUESTA FL 33469

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

TITLE T ☒ Delete
NAME CHESTNUT, WENDELL
STREET ADDRESS 1259 W 37TH CT, #2
CITY-ST-ZIP RIVIERA BEACH FL

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:

Pastor Phyllis Uzumefune

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-00 (561) 683-3020

CR2E037 (9/99)