

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02533

1. Entity Name

SOULS HARBOR CHURCH, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90050 014 *****70.00

0050937

Principal Place of Business

4203 SPAFFORD AVE
WEST PALM BEACH FL 33409
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name PHYLLIS UZUMEFUNE

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

449 1ST NORTH

City WEST PALM BCH

FL

Zip Code 33416

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

Phyllis Uzumefune

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-01

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	<u>P</u> <u>UZUMEFUNE, PHYLLIS</u> <u>449 FIRST STREET N</u> <u>W. PALM BEACH FL</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST</u> <u>WILLIAMS, CHERYL A</u> <u>1622 61ST TRAIL S</u> <u>WEST PALM BEACH FL 33415</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>UZUMEFUNE, CHIEF</u> <u>449 1ST N</u> <u>WEST PALM BEACH FL</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TR</u> <u>JONES, KARL</u> <u>1326 W 26TH CT</u> <u>RIVIERA BEACH FL 33404</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>SCOTT, DEE DEE</u> <u>566 N CREPYS DR</u> <u>TUQUESTA FL 33469</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T</u> <u>CHESTNUT, WENDELL</u> <u>1259 W 37TH CT, #2</u> <u>RIVIERA BEACH FL</u>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Phyllis Uzumefune

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

Daytime Phone #

CR2E037 (10/00)