

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90061 025 \*\*\*\*70.00

**DOCUMENT # N02533**

1. Entity Name

**SOULS HARBOR CHURCH, INC.**



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

☐ CHECK HERE IF MAKING CHANGES

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

**UZUMEFUNE, PHYLLIS P  
449 FIRST STREET  
WEST PALM BEACH FL 33413**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	UZUMEFUNE, PHYLLIS	
STREET ADDRESS	449 FIRST STREET N	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	UZUMEFUNE, REV. CHIEF	
STREET ADDRESS	449 1ST N	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BLACKMON, ELIZABETH A	
STREET ADDRESS	440 W 25TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	TR	<input type="checkbox"/> Delete
NAME	JONES, KARL	
STREET ADDRESS	1326 W 26TH CT	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, DEE DEE	
STREET ADDRESS	566 N CREPYS DR	
CITY-ST-ZIP	TUQUESTA FL 33469	
TITLE	TR	<input type="checkbox"/> Delete
NAME	ROBINSON, LUCILLE	
STREET ADDRESS	1288 BRANDYWINE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

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	MAE CLARK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	723 53RD ST	
STREET ADDRESS	WEST PALM BCH, FL 33407	
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		

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*

1-16-03 1561/889-5235

CR2E037 (10/02)