

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90457 023 ****61.25

DOCUMENT # N04135

1. Entity Name

**SAINT CITY NO. 4 CHURCH OF THE APOSTOLIC
FAITH, INC.**



Principal Place of Business

**9302 NW 22ND AVE
MIAMI FL 33147
US**

Mailing Address

**BISHOP JENKINS
7325 N. AUGUSTA DR.
MIAMI FL 33015
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

59-2222883

Applied For
Not Applicable

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

**JENKINS, JAMES P
7375 N. AUGUSTA DRIVE
HIALEAH FL 33015**

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
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **JENKINS, JAMES P**
STREET ADDRESS **7375 N. AUGUSTA DRIVE**
CITY-ST-ZIP **HIALEAH FL 33015**

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

TITLE **DV** ☐ Delete
NAME **JENKINS, HELEN**
STREET ADDRESS **7375 N. AUGUSTA DRIVE**
CITY-ST-ZIP **HIALEAH FL 33015**

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

TITLE **D** ☐ Delete
NAME **HENLEY, NANCY**
STREET ADDRESS **1851 N.W. 81ST TERRACE**
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **D** ☐ Delete
NAME **PORTER, REGINA**
STREET ADDRESS **1217 BERTHAD TASS**
CITY-ST-ZIP **HEPHZIDAH GA 30815**

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

TITLE **D** ☐ Delete
NAME **YOUNG, EARL**
STREET ADDRESS **6448 N.W. 61ST STREET**
CITY-ST-ZIP **OCALA FL 34482**

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

TITLE **D** ☐ Delete
NAME **YOUNG, GENISE**
STREET ADDRESS **6448 N.W. 61ST STREET**
CITY-ST-ZIP **OCALA FL 34482**

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: *Helen Jenkins* **Helen Jenkins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 305-829-8443

Date

Daytime Phone #