

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90086 044 ****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

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

2. Principal Place of Business

9302 N.W. 22 Ave.
Suite, Apt. #, etc.

3. Mailing Address

Bishop Jenkins
Suite, Apt. #, etc.
2325 N. Augusta Dr.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33147

Country

USA

Zip

33015

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED: Helen Jenkins 4/8/03 305-8298443

CR2E037 (10/02)