

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

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

04-11-2003 90086 028 ****61.25

DOCUMENT # N04143

1. Entity Name
SAINT CITY NO. 2 CHURCH OF GOD OF THE APOSTOLIC FAITH, INC.



Principal Place of Business

**9302 NW 22ND AVE
CROSS CITY FL 32628
US**

Mailing Address

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

2. Principal Place of Business

9302 N.W. 22 Ave

3. Mailing Address

7375 N. Augusta Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

St. City Church of God

q/o Bishop Jenkins

City & State
Miami, Florida

City & State
Miami, FL

Zip
33147

Zip
33015

Country
Dade

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

7. Name and Address of New Registered Agent

**JENKINS, JAMES P
7375 N. AUGUSTA DR
MIAMI 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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
JENKINS, HELEN
7375 N. AUGUSTA DR
MIAMI FL 33015** ☐ Delete

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: **3/8/03** **HELEN JENKINS** **4/8/03** **305-8298443**

CP2E037 (10/02)