

2000 UNIFORM BUSINESS REPORT (UBR)

3/17

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-17-2000 90047 020 ****70.00

DOCUMENT # N10081

1. Entity Name

ANTIOCH HOUSE OF PRAYER OF THE APOSTOLIC FAITH,

Principal Place of Business

C/O HERBERT JOHNSON, JR.
437 - 35 STREET
WEST PALM BEACH FL 33407

Mailing Address

P.O BOX 8545
WEST PALM BEACH FL 33407-0545
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

59-2564807

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

EVANS, JAMES A.
1540 W. BLUE HERON BLVD. 34
RIVIERA BAC. FL 33404

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
JOHNSON, HERBERT, JR.
437 - 35 STREET
W. PALM BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JOHNSON, GLORIA
437 - 35 STREET
W. PALM BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EVANS, JAMES A.
437 1/2-35TH ST
W. PALM BCH FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARLENE EVANS
719 EXECUTIVE CTR
APT 201A
WEST PALM BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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☐ 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:

Herbert Johnson Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00 561 301-9310

Date

Daytime Phone #

CR2E037 (9/99)