

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90187 013 ****70.00

DOCUMENT # N10081

1. Entity Name

ANTIOCH HOUSE OF PRAYER OF THE APOSTOLIC FAITH,

Principal Place of Business

Mailing Address

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

P.O BOX 8545
WEST PALM BEACH FL 33407
US

70010088



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

% Herbert Johnson Jr

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1356 W. 34th ST.

City & State

City & State

Riviera Bch FL

Zip

Country

Zip

Country

33404

PALM Bch

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

7. Name and Address of New Registered Agent

THIS PERSON IS NO
Longer a R/A OR
DIRECTOR, nor Does
He Hold any BOARD
OFFICE

Name

Herbert Johnson Jr

Street Address (P.O. Box Number is Not Acceptable)

1356 W. 34th St

City

Riviera Bch

FL

Zip Code

33404

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

Herbert Johnson Jr

1-29-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JOHNSON, HERBERT, JR. 437 - 35 STREET W. PALM BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, GLORIA 437 - 35 STREET W. PALM BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, MARLENE 717 EXECUTIVE CTR W. PALM BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cynthia Daniels 166 MARY ST Jennings FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bertha R. Turner 1470 N.W. 88th St Miami FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

1-29-01 561-840-0794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)