

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21960

1. Entity Name

NEW JERUSALEM HOLINESS CHURCH APOSTOLIC FAITH, I

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90091 040 ****70.00

Principal Place of Business

Mailing Address

5126 PEMBROKE RD
HOLLYWOOD FL 33023
US

5126 PEMBROKE RD
HOLLYWOOD FL 33023
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

65-0368770

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

MOORE, MARY V
3712 S.W. 52 AVE #208
PEMBROKE PARK FL 33023

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MOORE, MARY V
STREET ADDRESS 3712 S.W. 52 AVE #208
CITY-ST-ZIP PEMBROKE PARK FL 33023

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

TITLE VPD ☐ Delete
NAME MOORE, WILLIE E
STREET ADDRESS 3712 S.W. 52 AVE #208
CITY-ST-ZIP PEMBROKE PARK FL 33023

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

TITLE SD ☐ Delete
NAME WIMBERLY, ANNA
STREET ADDRESS 5411 SW 19TH STREET
CITY-ST-ZIP HOLLYWOOD FL 33023

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

TITLE TD ☐ Delete
NAME CHANDLER, LINDA D
STREET ADDRESS 3712 S.W. 52 AVE #208
CITY-ST-ZIP PEMBROKE PARK FL 33023

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

TITLE D ☐ Delete
NAME CHANDLER, WALTER B
STREET ADDRESS 320 NW 3RD COURT
CITY-ST-ZIP HALLANDALE FL 35009

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

TITLE D ☐ Delete
NAME CHANDLER, ANNIE M
STREET ADDRESS RT. 4 BOX 50-H
CITY-ST-ZIP KINGSTREET SC 29556

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary V. Moore

3-10-2000

954-962-2931