

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

0042208

DOCUMENT # N42893

1. Entity Name

THE APOSTOLIC CHURCH IN AMERICA, INC.

04-13-2001 90033 042 *****70.00

Principal Place of Business

HOLIDAY INN HOTEL
148 NW 167 ST
NO MIAMI BEACH FL 33162
US

Mailing Address

1045 NE 171 TERR
NO MIAMI BEACH FL 33162
US

2. Principal Place of Business

HOLIDAY INN HOTEL

3. Mailing Address

1045 NE 171 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NO. MIAMI BEACH,

City & State

NO. MIAMI BEACH

Zip
FL

Country
DADE

Zip
33162

Country
DADE

4. FEI Number

65-0259958

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAHAR, RANSFORD G.
1045 NE 171ST TERRACE
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

N/A

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 **D** ☐ Delete
 NAME **CLAHAR, RANSFORD G.**
 STREET ADDRESS **1045 NE 171 TERRACE**
 CITY-ST-ZIP **N. MIAMI BCH. FL 33162**

TITLE **D** ☐ Delete
 NAME **CLAHAR, RUTH M.**
 STREET ADDRESS **1045 NE 171 TERRACE**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

TITLE **D** ☐ Delete
 NAME **BASSETT, YVONNE**
 STREET ADDRESS **20101 NW 34TH COURT**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)