. 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 10, 2004 8:00 am **Secretary of State** DOCUMENT # N42893 1. Entity Name 02-10-2004 90092 001 ****61.25 THE APOSTOLIC CHURCH IN AMERICA, INC. 02-10-2004 90092 002 *****8.75 Mailing Address Principal Place of Business INSIDE MARRIOTT HOETL 1045 NE 171 TERR PDANTANT 2825 NE 191ST STREET MIAMI FL 33180 NO MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Inside Courtyard Marriott Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) 2825 NE 191 Street City & State City & State 4. FEI Number Applied For 65-0259958 Not Applicable <u>Aventura, </u> Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33180 Dade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLAHAR, RANSFORD G. Street Address (P.O. Box Number is Not Acceptable) 1045 NE 171ST TERRACE N. MIAMI BEACH FL 33162 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition CLAHAR, RANSFORD G. NAME NAME 1045 NE 171 TERRACE STREET ADDRESS STREET ADDRESS N. MIAMI BCH. FL 33162 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition CLAHAR, RUTH M. NAME NAME 1045 NE 171 TERRACE STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL 33162 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE xx Change Addition BASSETT, YVONNE NAME NAME 15060 SW 147th Place nal 20101:NW 94TH COURT STREET ADDRESS STREET ADDRESS Miami, Florida 33196 MIAMI FI CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RANSFORD CLAHAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day lime Phone #

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