

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91681 001 ****61.25
04-28-2003 91681 002 *****8.75

DOCUMENT # N42893

1. Entity Name

THE APOSTOLIC CHURCH IN AMERICA, INC.



Principal Place of Business

152 NE 167TH ST.
ROOM 108
NO MIAMI BEACH FL 33162
US

Mailing Address

1045 NE 171 TERR
NO MIAMI BEACH FL 33162
US

2. Principal Place of Business

Inside Marriott Hotel

3. Mailing Address

Suite, Apt. #, etc.

2825 NE 191st Street

City & State
Aventura, FL

City & State

Zip
33180

Country
Dade

Zip

Country

4. FEI Number **65-0259958**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **55037000**

\$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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CLAHAR, RANSFORD G.	
STREET ADDRESS	1045 NE 171 TERRACE	
CITY-ST-ZIP	N. MIAMI BCH. FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAHAR, RUTH M.	
STREET ADDRESS	1045 NE 171 TERRACE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASSETT, YVONNE	
STREET ADDRESS	20101 NW 34TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

RANSFORD CLAHAR 4/10/03 (305)653-8291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)