

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000004766**

1. Entity Name

THE FIRST APOSTOLIC ASSEMBLY OF PAHOKEE, INC.**FILED**
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90030 006 ****75.00

Principal Place of Business

Mailing Address

**477 SOUTH BARFIELD HIGHWAY
PAHOKEE FL 33476****C/O BISHOP EDWARD A. HARRIS
430 NORTH COCOANUT ROAD
PAHOKEE FL 33476-2502****C0024545**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0581708

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HARRIS, EDWARD A BISHOP
430 NORTH COCOANUT ROAD
PAHOKEE FL 33476**

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 **HARRIS, EDWARD A**
STREET ADDRESS **430 N COCONUT RD**
CITY-ST-ZIP **PAHOKEE FL 33476**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **HARRIS, MESHACH B**
STREET ADDRESS **436 SAGO COURT**
CITY-ST-ZIP **PAHOKEE FL 33476**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ASD** ☐ Delete
NAME **HARRIS, SARAH R**
STREET ADDRESS **430 N COCONUT RD**
CITY-ST-ZIP **PAHOKEE FL 33476**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DT** ☐ Delete
NAME **BARR, VALRIE M**
STREET ADDRESS **781 PALM BLVD.**
CITY-ST-ZIP **PAHOKEE FL 33476**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **JONES, LINDA M**
STREET ADDRESS **430 N COCOANUT RD**
CITY-ST-ZIP **PAHOKEE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BONNER, ANTHONY**
STREET ADDRESS **509 WEST EPASO AVENUE**
CITY-ST-ZIP **CLEWISTON FL 33440**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: *Edward A. Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD A. HARRIS JAN. 30, 2000

Date

Daytime Phone #

1-561-924**7738**

CR2E037 (9/99)