2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90253 019 ****70.00

DOCUMENT # N94000004766

1. Entity Name

THE FIRST APOSTOLIC ASSEMBLY OF PAHOKEE, INC.

D0041982

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	120 MIRAMAR AVE. Suite, Apt. #, etc.
City & State	City & State: ROYAL PALM BEACH, FL.
Zip / Country	Zip: 33411 / Country: PALM BEACH

4. FEI Number: 65-0581708 ☐ 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
HARRIS, EDWARD A BISHOP 430 NORTH COCOANUT ROAD PAHOKEE FL 33476	Name: LINDA M. JONES Street Address (P.O. Box Number is Not Acceptable): 120 MIRAMAR AVE. City: ROYAL PALM BEACH FL Zip Code: 33411

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: LINDA M. JONES (D/GEN.DEC.) Linda M. Jones 4/16/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARRIS, EDWARD A 430 N COCONUT RD PAHOKEE FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARRIS, MESHACH B 436 SAGO COURT PAHOKEE FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD HARRIS, SARAH R 430 N COCONUT RD PAHOKEE FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BARR, VALRIE M 781 PALM BLVD. PAHOKEE FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JONES, LINDA M 430 N COCOANUT RD PAHOKEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LINDA M. JONES 120 MIRAMAR AVE. ROYAL PALM BEACH, FL. 33411	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONNER, ANTHONY 509 WEST EPASO AVENUE CLEWISTON FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 4/16/01 561-784-3974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #