

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003449 (4)

1. Corporation Name

HOLINESS BORN AGAIN CHURCH OF JESUS CHRIST (APOS
TOLIC), INCORPORATED

Principal Place of Business

Mailing Address

4281 N.W. 167TH STREET
MIAMI FL 330552796 RIVER RUN CIRCLE WEST
MIRAMAR FL 33025-44353. Date Incorporated or Qualified
07/21/19953a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0596529

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRIQUES, GENNIEVE
7 N.W. 2ND STREET
#218
MIAMI FL 33128

81 Name

Dafton James

82 Street Address (P.O. Box Number is Not Acceptable)

2796 River Run Circle West

83

Miramar

84 City

FL

85 Zip Code

33025

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JAMES, DAFTON PASTOR	
STREET ADDRESS	2796 RIVER RUN CIRCLE WEST	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JAMES, PAULINE	
STREET ADDRESS	2796 RIVER RUN CIRCLE WEST	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DRUMMOND, ANSEL (ASST. PASTOR)	
STREET ADDRESS	15460 S.W. 73RD LANE #4	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DRUMMOND, CAROLYN	
STREET ADDRESS	15460 S.W. 73RD LANE #4	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEPAUL, ALTIMON	
STREET ADDRESS	6338 DEWEY ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	M	<input type="checkbox"/> DELETE
NAME	HENRY, JACQUILINE	
STREET ADDRESS	790 NE 146 STREET	
CITY-ST-ZIP	N. MIAMI FL 33161	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	7649 Dilido Blvd
3.4 CITY-ST-ZIP	Miramar FL 33023
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	7649 Dilido Blvd
4.4 CITY-ST-ZIP	Miramar FL 33023
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dafton James 2/18/97

Date

Daytime Phone # 0023928

CR2E037 (9/96)