SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

## DOCUMENT # N9500003449 (4) HOLINESS BORN AGAIN CHURCH OF JESUS CHRIST (APOS TOLIC), INCORPORATED

FILED
Jul 30 1998 8:00am
Secretary of State



4.28 N.W. 167TH STREET  MRAMAR FL 33025  1. Principal Place of Business  1. 2. Principal Place of Business  1. 2. Mailing Address  2. Mailing Address  5. Certificate of Status Desired	Principal Place of Business Malling Address			
MAMAR FL 3005	,			
2. Principal Place of Business 2. Country			VEST	
2. Principal Place of Business 17. 3284 N. University Dige 18. 17. Additional Status Dealerd   \$8.75 Additional   \$8.75 Additio	WINNI I C SSCOO	MISHMAIS IL DOGEO		
2. Principal Prison of Business   3.3 R W   1.0   2.0   4.0   2.0   5. Certificate of Status Desired   \$8.75 Additional Fen Required   \$3.2   4.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0   2.0				1.55.00
Subset And It will be provided by the properties of sections of	2. Principal Place of Business	2a. Malling Address		PO 75
Sulte. Apt. #, etc.  2   Livronor   27   City & State   2   City & Sta	21 3284 N. University I			5. Certificate of Statos Desired
City & State 2   2  2  2  2  2  2  3  3  3  3  4  5  5  5  5  5  5  5  5  5  5  5  5  5	Suite, Apt. #, etc.	Suite, Apt. #, etc.		
28   28   28   29   30   29   30   30   30   30   30   30   30   3				
Zip Country Zip Country Zip Country		<del> </del>		
Section   Property Tax due June 30.   Yes   Mo			Country	
JAMES, DATON 2796 RIVERRUN CIRCLE WEST 4218  MRAMAR FL 33025  11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an internalization of the provisions of sections 617.0502 and 617.1508, Florids 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 Florids, Such change was authorized by the corporation's board of directors. I hereby society the appointment as registered agent to the provision of section 617.0503, Florids Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. TITLE  17. DELETE  18. DATON PASTOR  18. DATON PASTOR  19. STREET ADDRESS  19	<b>図 33035</b> 25	29	30	
JAMES, DAFTON 2798 RIVERRUN CIRCLE WEST 4/218  MRAMAR FL 33025  11. Pursuant to the provisions of sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 as m familiar with, end accept the obligations of, section 617.0503. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent as m familiar with, end accept the obligations of, section 617.0503. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent. I sem familiar with, end accept the obligations of, section 617.0503. Florida Statutes.  SIGNATURE		Registered Agent		
2798 RIVERRUN CIRCLE WEST  #218  MIRAMAR FL,33025  #34 City			81  1	Name
MRAMAR FL 33025  11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, eachier of 87.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and an adverted to political statutes.  11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and an adverted agent and statutes of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and statutes of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and statutes of the appointment as registered agent and submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered adent and submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered adent and submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered adents.  12. OFFICERS AND DIRECTORS 11 11 11 11 11 11 11 11 11 11 11 11 11			82 8	Street Address (P.O. Box Number is Not Acceptable)
MRAMAR FL-33025  ### City   FL   85   Zip Code    11. Pursuant to the provisions of sections 617.0502 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 defice or registered agent with, and accept the obligations of, eaction 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered defice or registered agent and statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered defice or registered agent and statutes.    Interpolation   I				
## PL   S				
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florids 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. Thereby accept the appointment as registered agent and many or provision agent. I am familiar with, and accept the obligations of, section 617.0503, Florids Statutes.  SIGNATURE  Signature, typed or provide name or registered agent and till if applicable.  (NOTE: Registered Agent alignature required when reheating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PO JAMES, DAFTON PASTOR  13. STREET ADDRESS  CITY-ST-ZIP  AMAME JAMES, DAFTON PASTOR  14. CITY-ST-ZIP  AMAME JAMES, PAULINE  STREET ADDRESS  14. CITY-ST-ZIP  MIRAMAR FL 33025  DELETE  21. TITLE  SO DRUMMOND, ANSEL (ASST. PASTOR)  33. STREET ADDRESS  14. CITY-ST-ZIP  AMAME JAMES, PAULINE  STREET ADDRESS  AND CITY-ST-ZIP	MIHAMAR FL 83025		84 C	City E1 85 Zip Code
office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and familiar with, and accept the obligations of, section 617.0503, Florida Statutes.  SIGNATURE  Signature, types or proted name of registered agent and till of appointment agent and till of appointment agent agent and till a population of the protections of the protection of th	11. Pursuant to the provisions of sections 617 0502 a	and 617 1508 Florida Statutes (	the above-nam	ned corporation submits this statement for the numose of changing its registered
SIGNATURE   12	<ul> <li>office or registered agent, or both, in the State of</li> </ul>	Florida. Such change was auth	norized by the	corporation's board of directors. I hereby accept the appointment as registered
12.		ans of, section 617.0505, Florid	a Statutes.	
TITLE NAME JAMES, DAFTON PASTOR STREET ADDRESS ZOR RIVER RUN CIRCLE WEST CITY-ST-ZIP NAME JAMES, PAULINE STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025  CITY-ST-ZIP MIRAMAR FL  TITLE  DRUMMOND, ANSEL (ASST. PASTOR)  STREET ADDRESS A4 CITY-ST-ZIP MIRAMAR FL  TITLE  TITLE  DRUMMOND, CAROLYN STREET ADDRESS A4 CITY-ST-ZIP MIRAMAR FL  CITY-ST-ZIP MIRAMAR FL  TITLE  DRUMMOND, CAROLYN STREET ADDRESS A4 CITY-ST-ZIP MIRAMAR FL  CITY-ST-ZIP MIRAMAR FL  CITY-ST-ZIP MIRAMAR FL  DRUMMOND, CAROLYN STREET ADDRESS A4 CITY-ST-ZIP MIRAMAR FL  CHange Addition  Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Addition  STREET ADDRESS A4 CITY-ST-ZIP MIRAMAR FL  CHANGE A3 STREET ADDRESS A4 CITY-ST-ZIP  MIRAMAR FL  CHANGE Addition  Addition  Addition  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITION  STREET ADDRESS A4 CITY-ST-ZIP  MIRAMAR FL  CHANGE A3 STREET ADDRESS A4 CITY-ST-ZIP  MIRAMAR FL  CHANGE ADDRESS A4 CITY-ST-ZIP  MIRAMAR FL  CHANGE ADDRESS A4 CITY-ST-ZIP  ADDRESS A4 CITY-ST-ZIP  ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRESS A4 CITY-ST-ZIP ADDRE	SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTi	E: Registered Agent	signature required when reinstating) DATE
NAME STREET ADDRESS 2706 RIVER RUN CIRCLE WEST CITY-ST-ZIP MIRAMAR FL 33025  TITLE SD AMES, PAULINE STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025  TITLE VI TITLE VI TITLE VI TITLE VI TITLE VI TITLE VI TITLE		DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025  TITLE SD NAME JAMES, PAULINE STREET ADDRESS TITLE VO NAME DRUMMOND, ANSEL (ASST. PASTOR) STREET ADDRESS CITY-ST-ZIP MIRAMAR FL TITLE TO NAME DRUMMOND, CAROLYN STREET ADDRESS CITY-ST-ZIP MIRAMAR FL TITLE TO NAME DRUMMOND, CAROLYN STREET ADDRESS CITY-ST-ZIP MIRAMAR FL TITLE	1	DELETE		George Johnson Johanne M Addition
TITLE SD JAMES, PAULINE STREETADORESS 2796 RIVER RUN CIRCLE WEST CITY-ST-ZIP MIRAMAR FL 33025  TITLE NAME DRUMMOND, ANSEL (ASST. PASTOR)  STREETADORESS 7649 DILIDO BLVD STREETADORESS 7640 DILIDO BLVD STREETADORESS 764				
TITLE SD   DELETE   2.1 TITLE   DAMES, PAULINE   DELETE   2.2 NAME   2.3 STREET ADDRESS   CITY-ST-ZIP   MRAMAR FL   33025   DELETE   3.1 TITLE   DAUMMOND, ANSEL (ASST. PASTOR)   STREET ADDRESS   CITY-ST-ZIP   MRAMAR FL   DAUMMOND, CAROLYN   STREET ADDRESS   CITY-ST-ZIP   DAUMMOND, CAROLYN   CITY-ST-ZIP   CHange   DAUMMOND, CAROLYN   CITY-ST-ZIP   CITY-ST-ZIP   DAUMMOND, CAROLYN   CITY-ST-ZIP   CHange   Addition   Change   Change   Addition   Change   Addition   Change   Change   Change   Addition   Change   Change   Change   Change   Addition   Change	I			
NAME STREET ADDRESS CITY-ST-ZIP MRAMAR FL 33025  TITLE VD DRUMMOND, ANSEL (ASST. PASTOR)  STREET ADDRESS 7649 DILIDO BLVD STREET ADDRESS CITY-ST-ZIP MRAMAR FL 33026  TITLE TO STREET ADDRESS CITY-ST-ZIP MRAMAR FL 33026  TITLE TO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MRAMAR FL 33026  TITLE TO STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MRAMAR FL 33 STREET ADDRESS CITY-ST-ZIP MRAMAR FL 44 CITY-ST-ZIP MRAMAR FL 44 CITY-ST-ZIP MRAMAR FL 45 STREET ADDRESS CITY-ST-ZIP MRAMAR FL 51 STREET ADDRESS CITY-ST-ZIP MRAMAR FL 52 NAME STREET ADDRESS CITY-ST-ZIP MRAMAR FL 52 NAME STREET ADDRESS STREE		NZ DELETE		
STREET ADDRESS CITY-ST-ZIP MRAMAR FL 33025  TITLE VD DRUMMOND, ANSEL (ASST. PASTOR) STREET ADDRESS CITY-ST-ZIP MRAMAR FL  TITLE TITLE TITLE DRUMMOND, CAROLYN STREET ADDRESS CITY-ST-ZIP MRAMAR FL  TITLE TITLE DRUMMOND, CAROLYN STREET ADDRESS CITY-ST-ZIP MRAMAR FL  TITLE DRUMMOND, CAROLYN 42 NAME STREET ADDRESS CITY-ST-ZIP MRAMAR FL  TITLE D DELETE S1 TITLE S2 NAME STREET ADDRESS CITY-ST-ZIP MRAMAR FL  TITLE D DELETE S1 TITLE S2 NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023	1 : -	DELETE		
CITY-ST-ZIP MRAMAR FL 33025  TITLE VO	1 ' ' '			DRESS 18185 NW 6 IT AUC
TITLE VO DRUMMOND, ANSEL (ASST. PASTOR)  STREET ADDRESS 7649 DILIDO BLVD  CITY-ST-ZIP MRAMAR FL  TO DRUMMOND, CAROLYN  STREET ADDRESS  TITLE D MRAMAR FL  TITLE D DELETE DELETE DELETE  TITLE D DELETE DELETE DELETE DELETE  TITLE D DELETE DEL	1 - 2 - 1		2.4 CITY-ST-ZIF	, Mani Fl. 33169
NAME DRUMMOND, ANSEL (ASST. PASTOR)  STREET ADDRESS TOUTY-ST-ZIP TITLE TO DRUMMOND, CAROLYN STREET ADDRESS TOUTY-ST-ZIP TITLE DRUMMOND, CAROLYN TITLE D DELETE DELE	<u> </u>	DELETE	3.1 TITLE	<del></del>
CITY-ST-ZIP MRAMAR FL  TITLE TO	NAME DRUMMOND, ANSEL (ASST. PAS	STOR)	3.2 NAME:	KENNETH REID
TITLE NAME DRUMMOND, CAROLYN  STREET ADDRESS 7649 DILIDO BLVD 4.3 STREET ADDRESS CITY-ST-ZIP  TITLE D DELETE Addition 4.4 CITY-ST-ZIP  5.1 TITLE NAME NEPAUL, ALTIMON 5.2 NAME STREET ADDRESS CITY-ST-ZIP  FOLLYWOOD FL 33023  5.4 CITY-ST-ZIP  4.1 TITLE Change Addition Addition 5.2 NAME 5.3 STREET ADDRESS 6.338 DEWEY ST. 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP	I %		3.3 STREET ADI	DRESS 18135 NW GTH AVE
NAME DRUMMOND, CAROLYN  STREET ADDRESS  7649 DILIDO BLVD  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  D  DELETE  NAME  5.1 TITLE  NEPAUL, ALTIMON  5.2 NAME  STREET ADDRESS  CITY-ST-ZIP  HOLLYWOOD FL 33023  5.4 CITY-ST-ZIP				
STREET ADDRESS   7649 DILIDO BLVD   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP	l 7.	LELETE .	1	Change Addition
CITY:ST-ZIP         MBRAMAR FL         4.4 CITY:ST-ZIP           TITLE         D         DELETE         5.1 TITLE         Change         Addition           NAME         NEPAUL, ALTIMON         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS         5.3 STREET ADDRESS           CITY:ST-ZIP         HOLLYWOOD FL 33023         5.4 CITY:ST-ZIP		•		20522
TITLE D DELETE 5.1 TITLE Change Addition  NEPAUL, ALTIMON 5.2 NAME  STREET ADDRESS 6338 DEWEY ST. 5.3 STREET ADDRESS  CITY-ST-ZIP HOLLYWOOD FL 33023 5.4 CITY-ST-ZIP	1 1111111111111111111111111111111111111			
NAME NEPAUL, ALTIMON 5.2 NAME STREET ADDRESS 6338 DEWEY ST. 5.3 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 5.4 CITY-ST-ZIP		DELETE		
STREET ADDRESS 6338 DEWEY ST. 5.3 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 5.4 CITY-ST-ZIP	1			Change ( Addition
CITY-ST-ZIP HOLLYWOOD FL 33023 5.4 CITY-ST-ZIP				DRESS
			1	
The percent is a percent in the perc	TITLE M	DELETE		SOUTH PRESIDENT Change Addition
NAME HENRY, JACQUILINE 6.2 NAME		<del></del>	6.2 NAME	
STREET ADDRESS 790 NE 146 STREET 6.3 STREET ADDRESS			6.3 STREET ADI	DRESS
CITY-ST-ZIP  N. MIAMI FL 33161  14. I bereby certify that the information supplied with this tiling does not qualify for the exemption stated in section 119.07(31). Florida Statutes, I further certify that the information	CITY-ST-ZIP N. MIAMI FL 33161	41 F0 . 4		

i. I hereby certify that the information supplied with this pung does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that i an indicated on this annual report or supplied entural appoints that i am an officer or director of the corporation of the receiver of true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver of true each enture appears in Block 12 or Block 13 if changed, or on a lattach then him an address.

SIGNATURE:

MATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/96