

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).

FILED
Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003449 (4)

1. Corporation Name

HOLINESS BORN AGAIN CHURCH OF JESUS CHRIST (APOSTOLIC), INCORPORATED

Principal Place of Business

Mailing Address

4281 N.W. 167TH STREET
MIAMI FL 33025

2796 RIVER RUN CIRCLE WEST
MIRAMAR FL 33025

3. Date Incorporated or Qualified

07/21/1995

4. FEI Number

65-0596529

Applied For

Not Applicable

2. Principal Place of Business

21 3284 N. University Dr

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Miramar FL

27 City & State

23 City & State

28 City & State

24 33025

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

JAMES, DAFTON
2796 RIVERRUN CIRCLE WEST
#218
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81

Name

82

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

83

84 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 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

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 checked="" 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	7849 DILDO BLVD	
CITY-ST-ZIP	MIRAMAR FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DRUMMOND, CAROLYN	
STREET ADDRESS	7849 DILDO BLVD	
CITY-ST-ZIP	MIRAMAR FL	

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	George Johnson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ments President	
1.3 STREET ADDRESS	3301 Bahama Drive	
1.4 CITY-ST-ZIP	Miramar FL 33023	

2.1 TITLE	Pansy Reid	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Missionary	
2.3 STREET ADDRESS	18135 NW 6TH AVE	
2.4 CITY-ST-ZIP	Miami FL 33169	

3.1 TITLE	EVANGELIST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KENNETH REID	
3.3 STREET ADDRESS	18135 NW 6TH AVE	
3.4 CITY-ST-ZIP	MIAMI FL 33169	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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	YOUTH PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)