

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State
07-12-1999 90015 008 ****61.25

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Corporation Name

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



Principal Place of Business

Mailing Address

284 N UNIVERSITY DR
MIRAMAR FL 33025

2796 RIVER RUN CIRCLE WEST
MIRAMAR FL 33025

Principal Place of Business 912 PEMBROKE ROAD Suite, Apt. #, etc. N/A City & State PEMBROKE PINES FL. Zip 33025	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country USA	3. Date Incorporated or Qualified 07/21/1995 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 Fees
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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
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I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JAMES, DAFTON PASTOR 2796 RIVER RUN CIRCLE WEST MIRAMAR FL 33025	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P JOHNSON, GEORGE 3301 BAHAMA DR MIRAMAR FL 33023	2.1 TITLE	P JOHNSON, GEORGE 6411 FALCON LEA DRIVE DAVIE FL 33331
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD DRUMMOND, ANSEL (ASST. PASTOR) 7649 DILDO BLVD MIRAMAR FL	3.1 TITLE	S/T JAMES, PAULINE 2796 RIVER RUN CIRCLE WEST MIRAMAR FL 33025
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	M REID, PANSY 18135 NW 6TH AVE MIAMI FL 33169	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D NEPAUL, ALTIMON 6338 DEWEY ST. HOLLYWOOD FL 33023	5.1 TITLE	D NEPAUL, ALTIMON 6444 FUNSTON STREET HOLLYWOOD FL 33023
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	M HENRY, JACQUILINE 790 NE 146 STREET N. MIAMI FL 33161	6.1 TITLE	E REID, KENNETH 18135 N-W 6th AVE MIAMI FL 33169
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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 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, with all other like empowered.

SIGNATURE: JAMES DAFTON JAMES 7/1/99 (954) 430 9083
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)