


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000003449</b> 1. Entity Name HOLINESS BORN AGAIN CHURCH OF JESUS CHRIST (APOSTOLIC), INCORPORATED	
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Principal Place of Business 6452 PEMBROKE RD HOLLYWOOD, FL 33021 US	Mailing Address 1503 SW 161 AVENUE PEMBROKE PINES, FL 33027
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**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0596529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  JAMES, DAFTON 1503 SW 161 AVENUE PEMBROKE PINES, FL 33027
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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, DAFTON 1503 SW 161 AVE PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAMES, PAULINE 1503 SW 161 AVE PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EULA, NELSON 1420 NW 20 CT #A FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, SAMUEL 6636 ARBOR DRIVE HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JABEZ 2401 SCOTTS LEVEL RD BALTIMORE, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALTIMON, NEPAUL 6444 FUNSTON STREET HOLLYWOOD, FL 33023

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Eula Nelson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1/26/04</u>	Daytime Phone #: <u>954-484-7713</u>
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