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Feb 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N96000004061 (5)**

1. Corporation Name

**CIRCLE, CHURCH OF OUR LORD JESUS CHRIST OF THE A  
POSTOLIC FAITH, INC.**



Principal Place of Business

Mailing Address

**6500 SW 57TH COURT  
S. MIAMI FL 33143**

**6500 SW 57TH COURT  
S. MIAMI FL 33143-3683**

3. Date Incorporated or Qualified

**08/02/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional**

**23** City & State

**28** City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

**24** Zip **25** Country

**29** Zip **30** Country

8. 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

**JENKINS, FLORRIE  
6500 SW 57TH COURT  
S. MIAMI FL 33143**

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P**  
JENKINS, RUFUS  
STREET ADDRESS **6500 SW 57TH COURT**  
CITY - ST - ZIP **S. MIAMI FL 33143**

1.1 TITLE (T) ☐ Change ☒ Addition  
1.2 NAME **JENKINS, RUFUS**  
1.3 STREET ADDRESS **6500 SW 57TH COURT**  
1.4 CITY - ST - ZIP **S. MIAMI, FLORIDA 33143**

TITLE ☐ DELETE  
NAME **S**  
GAUSE, LOUISE  
STREET ADDRESS **2141 NW 65TH STREET**  
CITY - ST - ZIP **MIAMI FL 33147**

2.1 TITLE (T) ☐ Change ☒ Addition  
2.2 NAME **BRADLEY, DAVID**  
2.3 STREET ADDRESS **765 NW 145TH STREET**  
2.4 CITY - ST - ZIP **MIAMI, FLORIDA 33168**

TITLE ☐ DELETE  
NAME **T**  
JENKINS, BESSIE  
STREET ADDRESS **6500 SW 57TH STREET**  
CITY - ST - ZIP **SOUTH MIAMI FL 33143**

3.1 TITLE (T) ☐ Change ☒ Addition  
3.2 NAME **PLOWDEN, DOROTHY**  
3.3 STREET ADDRESS **5911 SW 62ND TERRACE**  
3.4 CITY - ST - ZIP **S. MIAMI, FL. 33143**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:

*Rufus Jenkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 21, 1997* (305)  
666-3203  
Daytime Phone • 0030118

CR2E037 (9/96)