1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600004061

1. Corporation Name

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

Princ	apaı	Place	OI	Rasiness
6500	SW	57TH	CC	URT
C 149		EI 22	4.45	١.

2. Principal Place of Business

Mailing Address

6500 SW 57TH COURT S. MIAMI FL 33143

2a. Mailing Address

## FILED Mar 25, 1999 8:00 am § Secretary of State

03-25-1999 90049 032 \*\*\*\*61.25

3. Date Incorporated or Qualifed

08/02/1996

21		26			00/05/1000			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For	
22		27			65-0822604	No.	t Applicable	
City & State	e .	City & State		•	5. Certificate of Status Desired	\$8.75 A		
23		28			5. Certificate of Status Desired	Fee Re	quired	
Zip	Country _	Zip	Country		6. Election Campaign Financing	\$5.00	May Be	
24	25	29 30	1	- :	Trust Fund Contribution	Added t	o Fees	
	9. Name and Address of Current I	Registered Agent	·		10. Name and Address of New Registere	d Agent		
			81	Name				
JENKINS,	EI ODDIE		82	Street Address (P.O. Box Number is Not Acceptable)				
	57TH COURT		02	On the Francisco II To a DON Harrison to Tree Francisco				
S. MIAMI I			83					
S. WILPUNI I	FL 33 143							
			84	City	· F	85 Zip C	Code	
11 Dumwent	to the provisions of Sections 617 0502	and 617 1508 Florida Statutes	the above	-named con	poration submits this statement for the purpose	of changing its	registered	
office or n	egistered agent, or both, in the State of	Florida, Such change was autho	onzed by '	the corporat	ion's board of directors. I hereby accept the app	ointment as re	gistered	
agent. I a	m familiar with, and accept the obligation	ns of, Section 617.0503, Florida	Statutes.		•		1	
SIGNATURE	-	AUDTS D		t algophum mouli	red when reinstating) DATE	•	<del></del> [	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	t atgristate requi	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	PRS IN 12	
TITLE	T	□ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	JENKINS, RUFUS		1.2 NAME					
				*********	•			
STREET ADDRESS	6500 SW 57TH COURT		1.3 STREET		•			
CITY-ST-ZIP	S. MIAMI FL	☐ DELETE	1.4 CITY-ST	T-ZIP		Change	Addition	
TITLE	S		2.1 TITLE					
NAME	GAUSE, LOUISE		2.2 NAME	'	•			
STREET ADDRESS	2141 NW 65TH STREET		2.3 STREET	1	,			
CITY-ST-ZIP	MIAMI FL 33147		2. 4 CITY-S	T-23P		Change	Addition	
TITLE	T	☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME '	JENKINS, BESSIE		3.2 NAME					
STREET ADDRESS	6500 SW 57TH STREET		3.3 STREET	ADDRESS	·	•	1	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	****	3.4. CITY-S	T-ZIP				
TITLE	<b>T</b>	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	BRADLEY, DAVID.	مداد عفاء ساميحا يح	4. 2 NAME		ا پاچستان کا سیدان الا سیدان الا چون الا ک	۔ حث		
STREET ADDRESS	765 N.W. 145TH STREET		4.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY-S1	r-ZIP				
TITLE	T	☐ DELETE	5.1 TITLE			Change	Addition	
NAME	PLOWDEN, DOROTHY		5.2 NAME			*		
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP	S. MIAMI FL		5.4 CITY-ST	r-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME		•	6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST	r-ZIP				
	sectify that the information supplied with	this filing does not qualify for th		1	Section 119 07/3)(i). Florida Statutes: I further of	ertify that the i	information	

4. I hereby certify that the information supplied with this filling 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 5h an attachment with an address githful other like expowered.

**SIGNATURE:** 

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Pho

CR2E037 - (41/9