

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90065 004 \*\*\*\*61.25

**DOCUMENT # N96000004061**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0822604**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	JENKINS, RUFUS	
STREET ADDRESS	6500 SW 57TH COURT	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GAUSE, LOUISE	
STREET ADDRESS	2141 NW 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VST	<input type="checkbox"/> Delete
NAME	JENKINS, BESSIE	
STREET ADDRESS	6500 SW 57TH STREET	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	PLOWDEN, DOROTHY	
STREET ADDRESS	5911 S.W. 62ND TERRACE	
CITY-ST-ZIP	S. MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 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:** \**Rufus Jenkins* **Rufus Jenkins 4/5/02 (305) 666-3203**

CR2E037 (9/01)