

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91263 048 \*\*\*\*61.25

**DOCUMENT # N96000004286**

1. Entity Name

**ANGLICAN APOSTOLIC CHURCH INTERNATIONAL INC**

Principal Place of Business

Mailing Address

**1416 SE 2ND TERR  
 DEERFIELD BEACH FL 33441**

**740 NW 43RD AVENUE  
 PLANTATION FL 33317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0690362**

Applied For

Not Applicable

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

~~HANLAN, RAYMOND G REV RIGHT~~  
~~740 NW 43RD AVENUE~~  
~~PLANTATION FL 33317~~

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**HANLAN, RAYMOND G REV RIGHT** ☐ Delete  
**740 NW 43RD AVENUE**  
**PLANTATION FL 33317**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MASSEY, RONALD REV** ☐ Change ☒ Addition  
**5186 BUCHANAN ROAD VD**  
**DELRAY BEACH - FL 33484**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**MORALES, LUCIO R** ☒ Delete  
**125 NE 15TH AVENUE., APT 202**  
**N. MIAMI FL 33161**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S**  
**HANLAN, LEONIE** ☐ Delete  
**6510 SW 16TH CT**  
**POMPANO BEACH FL 33068**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T**  
**POPE, SANDRA** ☒ Delete  
**4507 CARAMBOLA CIRCLE S.**  
**COCONUT CREEK FL 33066**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T**  
**FAIRWEATHER, JUNE** ☐ Delete  
**5098 NW 41ST CT**  
**LAUDERDALE LAKES FL 33319**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**KELLY, SUSAN** ☐ Delete  
**4611 SW 30TH WAY**  
**DANIA FL 33312**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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:** *Raymond G Hanlan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-1-02, 954-421-3506**

CR2E037 (9/01)