2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700002491 1. Entity Name					Feb 05, 2001 8:00 am Secretary of State			
TRUE WITNESS CHURCH OF JESUS CHRIST APOSTOLIC, I					02-05-2001 9006			
Principal Pla	ce of Business	Mailing Address						
4806 NORTH STATE ROAD #7 LAUDERDALE LAKES FL 33309 C/O REV. HENRY J. MCKOY 4148 ALABAMA AVE PO C LAUDERDALE LAKES FL 33312			o 6X					
2 Principal	Place of Business	FT LAU	<u>a</u>					
151 NM 201, WAG 6.0-80X			X 590	7368	EK BIN KRIIT KÜÜLK BOKK DYKI BYKI BYKIT ÖÖ		0181 (101 (06)	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	-		DO NOT WRITE IN THI	S SPACE		
YOU	rpano	FT State AUC	FL	4. FEI Numb	er 65-0749372		plied For t Applicable	
33	Deg Country	33359	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current F	legistered Agent		7. Name and	Address of New Registere	d Agent		
Nan Nan				Henry-MUKOV				
MCKOY, HENRY				treet Address (P.O. Box Number is Not Acceptable)				
-C/O SANDRA MCKOY -1148 ALABAMA AVE				<u> </u>	30 11 1 7 10 0			
				200-10 60		Zip Code	, 6	
**EAUDERDALE LAKES FL 33312 Figure 10 FL 3500 9 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.								
, assume the state of the purpose of changing its registered office of 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: 9. Election Campaign Financir FEE IS \$61.25 Trust Fund Contribution.		~ —	\$5.00 May Be Added to Fees					
	- LL 13 \$01.23			Added to Fees	Departme	nt or State		
10.	OFFICERS AND DIRE		11.		ANGES TO OFFICERS AND I	DIRECTORS IN		
TITLE NAME	MCKOY, HENRY J	☐ Delete	TITLE NAME	MCKOV. H	CHRUIT	Change Change	Addition S	
STREET ADDRESS	3971 N.W. 51 AVENUE		STREET ADDRESS				7	
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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:

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