

5/17

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-17-2001 91352 032 ****69.96

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000637

1. Entity Name

EMANUEL APOSTOLIC CHURCH OF JESUS CHRIST MINISTR

CA

Principal Place of Business

Mailing Address

5619 PEMBROKE ROAD
HOLLYWOOD FL 33021

5619 PEMBROKE ROAD
HOLLYWOOD FL 33021

75173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Emmanuel Apost C. J.C. M.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5619 Pembroke RD

City & State

City & State

Hollywood FL

Zip

Country

Zip

Country

33023

USA

4. FEI Number

65-0925583

Applied For

Not Applicable

5. Certificate of Status Desired

8

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AARONS, DOROTHY
5619 PEMBROKE ROAD
HOLLYWOOD FL 33021

Name

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

7861 N.W. 20th Ct

Sunrise FL

City

FL

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

Dorothy Aarons (Pastor)

Dorothy Aarons
7861 N.W. 20th Ct Sunrise FL 33322

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	DP	<input type="checkbox"/> Delete
NAME	AARONS, DOROTHY	
STREET ADDRESS	7861 N.W. 20TH COURT	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	DST	<input type="checkbox"/> Delete
NAME	COLLINS, DATILDA	
STREET ADDRESS	1810 N.W. 119TH ST. - APT. 223	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKFORD, FERNANDO	
STREET ADDRESS	5397 CEDAR LAKE ROAD - #16-13	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	AARONS, RICHARD	
STREET ADDRESS	7861 N.W. 20TH COURT	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, DAINSWORTH	
STREET ADDRESS	460 N.W. 214TH ST. - #201	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, SIDNEY	
STREET ADDRESS	1810 N.W. 119TH ST. - APT. 223	
CITY-ST-ZIP	MIAMI FL 33169	

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

CR2E037 (10/00)

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:

Dorothy Aarons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-01-01 954 572-4322