

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91315 015 *****70.75

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DOCUMENT # N98000000637

1. Entity Name
**EMANUEL APOSTOLIC CHURCH OF JESUS CHRIST MINISTR
IES, INC.**



Principal Place of Business
**4010 PEMBROKE ROAD
HOLLYWOOD FL 33021**

Mailing Address
**4010 PEMBROKE ROAD
HOLLYWOOD FL 33021**

2. Principal Place of Business

*Emmanuel Apost.
Church of Jesus Christ*
Suite, Apt. #, etc.
City & State

3. Mailing Address

4010 Pembroke Rd
Suite, Apt. #, etc.
City & State
Hollywood FL
Zip
33021 Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0925583**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AARONS, DOROTHY
7861 NW 20TH CT
SUNRISE FL 33322**

7. Name and Address of New Registered Agent

Name *Dorothy Aarons*
Street Address (P.O. Box Number is Not Acceptable)
7861 NW 20th Ct
City *Sunrise FL* Zip Code *33322*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *D Aarons*
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE REQUIRED

D Aarons 04.20.03

CR2E037 (10/02)