

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000834

1. Entity Name

CHRISTIAN CATHEDRAL OF THE APOSTOLIC FAITH, CORP

Principal Place of Business

16140 NE 18 AVE
N. MIAMI BEACH FL 33161

Mailing Address

1441 NW 196 ST
MIAMI FL 33169
US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

1441 NW 196 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami Florida

City & State

City & State

4. FEI Number

65-0795507

Applied For

Not Applicable

Zip

Country

Zip

Country

33169 USA

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

MINUS-JONES, ALTHEA
1441 NW 196 ST.
MIAMI FL 33169

Name

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

City

FL

Zip Code

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

Althea Minus-Jones

(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	MINUS-JONES, ALTHEA	
STREET ADDRESS	1441 NW 196TH ST.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MINUS, CHARLES A III	
STREET ADDRESS	2248 SW 81ST AVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	DES	<input checked="" type="checkbox"/> Delete
NAME	INGRAHAM, HENRICITA	
STREET ADDRESS	371 BAHMAN AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCCRAY, PATRICIA	
STREET ADDRESS	3300NW 169 TERRACE	
CITY-ST-ZIP	CAROL CITY FL 33056	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DORIS MCCOY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2441 NW 182 TERR	
STREET ADDRESS	CAROL CITY FL 33169	
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

Althea Minus-Jones

5-2-01

305-652-1132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E037 (10/00)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91671 001 ****61.25
05-18-2001 91671 002 ****8.75

72921



DO NOT WRITE IN THIS SPACE