

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006287

1. Entity Name

HEAVEN BOUND APOSTOLIC, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91718 045 ****70.00

Principal Place of Business

Mailing Address

4479 WEST ROAD
 WEST PALM BEACH FL 33407

P.O. BOX 533
 LOXAHATCHEE FL 33407-0533

2. Principal Place of Business

3. Mailing Address

8391 Currency drive
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

City & State
 Riviera Beach Fla

City & State

Zip

Country

Zip

Country

33404

4. FEI Number

65-0996154

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

TAYLOR, IRIS C
 17569 81ST LANE NORTH
 LOXAHATCHEE FL 33470

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

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 P ☐ Delete
 NAME TAYLOR, IRIS C
 STREET ADDRESS 17569 81ST LANE NORTH
 CITY-ST-ZIP LOXAHATCHEE FL 33470

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

TITLE V ☐ Delete
 NAME TAYLOR, EDWARD W
 STREET ADDRESS 17569 81ST LANE NORTH
 CITY-ST-ZIP LOXAHATCHEE FL 33470

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

TITLE D ☐ Delete
 NAME THOMAS, CATHERINE
 STREET ADDRESS 17607 81ST LANE NORTH
 CITY-ST-ZIP LOXAHATCHEE FL 33470

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

TITLE D ☐ Delete
 NAME GRANT, DENISE
 STREET ADDRESS 4252 NORTH W. 9TH DRIVE
 CITY-ST-ZIP PLANTATION FL 33317

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

TITLE S ☒ Delete
 NAME HAUGHTON, EILEEN
 STREET ADDRESS 4912 CHERRY ROAD
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE S ☒ Change ☐ Addition
 NAME Ruth Jackson
 STREET ADDRESS 11812 Dahlia drive
 CITY-ST-ZIP Royal Palm Beach
 Fla 33411

TITLE D ☐ Delete
 NAME JOHNSON, CECILY
 STREET ADDRESS 201 NORTH CHILLINGWORTH DR
 CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Change ☐ 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:

IRIS C TAYLOR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02
 Date

561-753-7863
 Daytime Phone #

CR2E037 (9/01)