## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## FILED DOCUMENT # N99000007042 May 12, 2000 8:00 am Secretary of State 1. Entity Name THE FIRST APOSTOLIC ASSEMBLY OF FORT LAUDERDALE. 05-12-2000 90035 041 \*\*\*\*61.25 Mailing Address Principal Place of Business 430 N. COCONUT RD. 1613 N.W. 38TH AVE FT. LAUDERDALE FL 33313 PAHOKEE FL 33476 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. X Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HARRIS, EDWARD A 430 N. COCONUT AVE. PAHOKEE FL 33476 Zip Code City 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. ----प्राप्तिक के SIGNATURE 1 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Chande TITLE ☐ Delete TITLE NAME NAME DUMAH AUGUSTAS BATTISTE STREET ADDRESS STREET ADDRESS 3200N.w. 18TH STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FLA. 33311 ... Addition \_\_\_\_Change TITLE TITLE VDS ~ NAME NAME AVIS EULA BATTISTE STREET ADDRESS STREET ADDRESS 3200 N.W. 18TH STREET ORT LAUDERDALE, FL. 33311 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME CLINTON GEORGE CLARKE STREET ADDRESS STREET ADDRESS 3621 JACKSON BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FLA ☐ Change ☐ Addition TITLE TITLE NAME NAME MADERINE ADOOLA SINCLAIR 150 N.E. 69 STREET APT 312 MIAMI, FLA 33138 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE LOCKSLEY THOMAS NAME NAME 2274 N.W. 52 STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE, FLA. 33313 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME EDWARD A. HARRIS STREET ADDRESS STREET ADDRESS 430 N. COCONUT ROAD CITY-ST-ZIP 12. Thereby 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 CITY-ST-ZIP

Daytime Phone #