


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 848094 (9)

1. Corporation Name
THE CHURCH IN THE LORD JESUS CHRIST OF THE APOSTOLIC FAITH, INC.



Principal Place of Business 2449 CALVARY ROAD HARTSVILLE SC 29550	Mailing Address 2449 CALVARY ROAD HARTSVILLE SC 29550-7167
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21 Principal Place of Business	26 Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
24 Country	25 Country
28 Country	29 Country
30 Country	31 Country

3. Date Incorporated or Qualified 01/29/1981	3a. Date of Last Report 07/16/1996
4. FEI Number 57-0485153	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DANIELS, LUCIOUS
1840 NORTHWEST 24TH TERR.
FT. LAUDERDALE FL 33310

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TISDALE, JOE C.	1.2 NAME	
STREET ADDRESS	P.O. BOX 486 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTREE SC	1.4 CITY-ST-ZIP	
TITLE	VDT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINNEY, BOYKIN, JR.	2.2 NAME	
STREET ADDRESS	1014 MARION STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLORENCE, SC.	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MARYLAND	3.2 NAME	
STREET ADDRESS	212 GREGG ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHESAPEAKE VA 23320	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, HARRY, JR.	4.2 NAME	
STREET ADDRESS	509 HUNTER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARTSVILLE SC	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, DAVID	5.2 NAME	
STREET ADDRESS	RT. 4 BOX 446 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARTSVILLE SC 29550	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, LUCIOUS	6.2 NAME	
STREET ADDRESS	1840 NORTHWEST 24TH TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CFR2E037 (9/96)