

FILE NOW: FILING FEE IS \$61.25

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**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 01/29/1981	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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. City	
84. City	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

TITLE	AP	<input type="checkbox"/> DELETE
NAME	TISDALE, JOE C.	
STREET ADDRESS	P.O. BOX 488 N/A	
CITY-ST-ZIP	KINGSTREE SC	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	SWINNEY, BOYKIN, JR.	
STREET ADDRESS	1014 MARION STREET	
CITY-ST-ZIP	FLORENCE, SC.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, MARYLAND	
STREET ADDRESS	212 GREGG ST.	
CITY-ST-ZIP	CHESAPEAKE VA 23320	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREEN, HARRY, JR.	
STREET ADDRESS	509 HUNTER DR.	
CITY-ST-ZIP	HARTSVILLE SC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRIGHT, DAVID	
STREET ADDRESS	RT. 4 BOX 446 N/A	
CITY-ST-ZIP	HARTSVILLE SC 29550	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIELS, LUCIOUS	
STREET ADDRESS	1840 NORTHWEST 24TH TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 REQUIRED _____ *Harry Green Sel...*

CR2E037 (10/97)