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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 848094

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/29/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 57-0485153
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	AP	<input type="checkbox"/> DELETE
NAME	TISDALE, JOE C.	
STREET ADDRESS	P.O. BOX 486 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *See* 2 10 99 Date Daytime Phone #

CR2E037 (11/98)