


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90140 032 \*\*\*\*70.00

<b>DOCUMENT # 848094</b>					
1. Entity Name <b>THE CHURCH IN THE LORD JESUS CHRIST OF THE APOSTOLIC FAITH, INC.</b>					
Principal Place of Business <b>2449 CALVARY ROAD HARTSVILLE, SC 29550</b>			Mailing Address <b>2449 CALVARY ROAD P.O. BOX 2017 HARTSVILLE, SC 29550</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>57-0485153</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DANIELS, LUCIOUS 1840 NORTHWEST 24TH TERR. FT. LAUDERDALE, FL 33310</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				Zip Code <b>FL</b>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	AP	<input type="checkbox"/> Delete	TITLE	<b>SECRETARY BOARD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TISDALE, JOE C.</b>		NAME	<b>LAWRENCE SIMON</b>	
STREET ADDRESS	<b>1405 SWIFT CREEK RD</b>		STREET ADDRESS	<b>D.O. BOX 2074</b>	
CITY-ST-ZIP	<b>HARTSVILLE, SC 29550</b>		CITY-ST-ZIP	<b>HARTSVILLE, SC 29551</b>	
TITLE	VDT	<input type="checkbox"/> Delete	TITLE	<b>CALVIN COOK</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWINNEY, BOYKIN, JR.</b>		NAME	<b>737 Cedar Ridge Rd</b>	
STREET ADDRESS	<b>1014 MARION STREET</b>		STREET ADDRESS	<b>DARLINGTON, SC, 29530</b>	
CITY-ST-ZIP	<b>FLORENCE, SC.,</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, MARYLAND</b>		NAME		
STREET ADDRESS	<b>1038 PAXSON AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHESAPEAKE, VA 23324</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, HARRY, JR.</b>		NAME		
STREET ADDRESS	<b>509 HUNTER DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HARTSVILLE, SC</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, DAVID</b>		NAME		
STREET ADDRESS	<b>RT. 4 BOX 470 N/A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HARTSVILLE, SC 29550</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIELS, LUCIOUS</b>		NAME		
STREET ADDRESS	<b>1840 NORTHWEST 24TH TERR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Lawrence Simon</u> (Lawrence Simon) Secretary 843-332-1311 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



07092006 Chg-NP CR2E037 (4/06)

7/10/07