**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:57

DOCUMENT # **N13007** **(2)**

1. Corporate Name

**EMMANUEL CHURCH OF MY LORD JESUS CHRIST OF THE A POSTOLIC FAITH, INC.**

Principal Place of Business
**2030 PHOENIX AVE.**
**JACKSONVILLE FL 32206**
**US**

Mailing Address
**MATHIS, DAVID**
**6900 CHAMPLAIN RD.**
**JACKSONVILLE FL 32208**
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/12/1985**
3a. Date of Last Report: **07/18/1994**
4. FEI Number: **59-3029449** — Applied For / Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent
**MATHIS, DAVID J.**
**6900 CHAMPLAIN RD.**
**JACKSONVILLE FL 32208**

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 607.0502 and 607.1508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: * (Signature of a member of the Board of Directors or Trustees if applicable) (If Applicable, Agent's signature to acceptance appears below) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '94 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MATHIS, DAVID J. | 1.2 NAME | |
| STREET ADDRESS | 6900 CHAMPLAIN | 1.3 STREET ADDRESS | |
| CITY ST ZIP | JACKSONVILLE FL | 1.4 CITY ST ZIP | |
| TITLE | VD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MATHIS, SADIE MAE (MRS.) | 2.2 NAME | |
| STREET ADDRESS | 6900 CHAMPLAIN RD. | 2.3 STREET ADDRESS | |
| CITY ST ZIP | JACKSONVILLE FL | 2.4 CITY ST ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | MATHIS, SADIE MAE (MRS.) | 3.2 NAME | |
| STREET ADDRESS | 6900 CHAMPLAIN RD. | 3.3 STREET ADDRESS | |
| CITY ST ZIP | JACKSONVILLE FL | 3.4 CITY ST ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | WILLIAMS, ELIJAH | 4.2 NAME | |
| STREET ADDRESS | 6851 HEMA ROAD | 4.3 STREET ADDRESS | |
| CITY ST ZIP | JACKSONVILLE FL | 4.4 CITY ST ZIP | |
| TITLE | TD | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | MATHIS, TALENA R. | 5.2 NAME | |
| STREET ADDRESS | 6900 CHAMPLAIN RD. | 5.3 STREET ADDRESS | |
| CITY ST ZIP | JACKSONVILLE FL | 5.4 CITY ST ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY ST ZIP | | 6.4 CITY ST ZIP | |

**REMITTED BY MAY 1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

**SIGNATURE:** [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date — Telephone Number

0025242