


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90009 003 *****2.00
 03-17-1999 90009 004 *****60.00
 09-01-1999 90023 010 *****62.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000003675

1. Corporation Name
 TRUE FAITH ORIGINAL APOSTOLIC CHURCH OF JESUS, I. NC.

Principal Place of Business: 3250 NW 2ND ST FORT LAUDERDALE FL 33311
 Mailing Address: 3250 NW 2ND ST FORT LAUDERDALE FL 33311



03/17/99 90009 004 #02.00

21	2. Principal Place of Business	2a. Mailing Address	26	3250 nw 2st	3. Date Incorporated or Qualified	06/23/1998				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	65-0934795	Applied For Not Applicable				
23	City & State Ft Lauderdale Fla	28	City & State	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required				
24	Zip 33311	25	Country Broward	29	Zip	30	Country	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
 GILBERT, OLLIE M
 3250 NW 2ND ST
 FORT LAUDERDALE FL 33311

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
 FL

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	P	1.1 TITLE	D
NAME	David Powell	1.2 NAME	Felicia E Powell
STREET ADDRESS	3250 NW 2ST	1.3 STREET ADDRESS	3250 NW 2ST #A
CITY-ST-ZIP	Ft Lauderdale Fla 33311	1.4 CITY-ST-ZIP	Ft Lauderdale Fla 33311
TITLE	V	2.1 TITLE	D
NAME	Betty Jean Powell	2.2 NAME	David SA Powell
STREET ADDRESS	3250 NW 2ST	2.3 STREET ADDRESS	3250 NW 2ST
CITY-ST-ZIP	Ft Lauderdale Fla 33311	2.4 CITY-ST-ZIP	Ft Lauderdale Fla 33311
TITLE	S	3.1 TITLE	
NAME	Ollie Mae Gilbert	3.2 NAME	
STREET ADDRESS	3250 NW 2ST #B	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale Fla 33311	3.4 CITY-ST-ZIP	
TITLE	Tr	4.1 TITLE	
NAME	Eugene Robinson	4.2 NAME	
STREET ADDRESS	506 Whippin Rd	4.3 STREET ADDRESS	
CITY-ST-ZIP	Dania Fl. 33004	4.4 CITY-ST-ZIP	
TITLE	Tr	5.1 TITLE	
NAME	Rosa Wilson	5.2 NAME	
STREET ADDRESS	3245 N.W. 2nd Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale Fl. 33311	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	Jerome Lee Powell	6.2 NAME	
STREET ADDRESS	3250 NW 2ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale Fla 33311	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] 7-14-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)