

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90450 005 ****61.25



DOCUMENT # N98000003675

1. Entity Name

TRUE FAITH ORIGINAL APOSTOLIC CHURCH OF JESUS, INC.

Principal Place of Business

1104 NW 6TH STREET
 FORT LAUDERDALE FL 33311

Mailing Address

1700 NW 15TH AVE
 FORT LAUDERDALE FL 33311

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

65-0934795

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

POWELL, FELICA
3250 NW 2ND STREET
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	POWELL, DAVID	
STREET ADDRESS	3250 NORTHWEST 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	V	<input type="checkbox"/> Delete
NAME	POWELL, BETTY JEAN	
STREET ADDRESS	3250 NORTHWEST 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILCHER, DELORIS	
STREET ADDRESS	1127 NORTH WEST 1ST AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEPPARD, PATRICIA	
STREET ADDRESS	5211 NORTH WEST 17 STREET APT E	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME	WILSON, ROSA	
STREET ADDRESS	3245 NORTH EAST 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODUM, JOHN	
STREET ADDRESS	210 NORTH EAST 35TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: *Betty Jean Powell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28-004

Date

Daytime Phone #