

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000001407

1. Entity Name  
UNITED APOSTOLIC CHURCH OF JESUS CHRIST, INC.



Principal Place of Business  
2300 ATTAPULGUS HWY  
QUNICY, FL 32352

Mailing Address  
2300 ATTAPULGUS HWY  
QUNICY, FL 32352

FILED  
05 APR 14 AM 7:56

1111 HASSLE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142005 Chg-NP CR2E037 (10/03)

4. FEI Number

71-0960903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAMMON, ODIS  
2300 ATTAPULGUS HWY  
QUNICY, FL 32333

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

Filing Fee is \$61.25  
Due by May 1, 2005

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 PT ☐ Delete  
NAME JOHNSON, ANNIE L  
STREET ADDRESS 2300 ATTAPULGUS HWY  
CITY-ST-ZIP QUNICY, FL 32333

TITLE VT ☐ Delete  
NAME GAMMON, ODIS  
STREET ADDRESS 2300 ATTAPULGUS HWY  
CITY-ST-ZIP QUNICY, FL 32333

TITLE ST ☐ Delete  
NAME HARRIS, TONYA  
STREET ADDRESS 2300 ATTAPULGUS HWY  
CITY-ST-ZIP QUNICY, FL 32333

TITLE TT ☐ Delete  
NAME GAMMON, JULIA  
STREET ADDRESS 2300 ATTAPULGUS HWY  
CITY-ST-ZIP QUNICY, FL 32333

TITLE VTT ☐ Delete  
NAME GREEN, MARY  
STREET ADDRESS 2300 ATTAPULGUS HWY  
CITY-ST-ZIP QUNICY, FL 32333

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Od's Gammon

Date

4/14/05

Daytime Phone #

(850) 856-9269