



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90046 001 \*\*\*\*70.00

<b>DOCUMENT # N04000001407</b> 1. Entity Name <b>UNITED APOSTOLIC CHURCH OF JESUS CHRIST, INC.</b>					
Principal Place of Business <b>2300 ATTAPULGUS HWY QUNICY, FL 32352</b>			Mailing Address <b>2300 ATTAPULGUS HWY QUNICY, FL 32352</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		03272007    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>71-0960903</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>GAMMON, ODIS 2300 ATTAPULGUS HWY QUNICY, FL 32333</b>	
7. Name and Address of New Registered Agent Name <u>Linda Baker</u> Street Address (P.O. Box Number is Not Acceptable) <u>2300 ATTAPULGUS HWY</u> <u>Quincy, FL</u> City <u>FL</u> Zip Code <u>32333</u>				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 <u>Linda Baker</u> DATE <u>4/5/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JOHNSON, ANNIE L 2300 ATTAPULGUS HWY QUNICY, FL 32333	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Tonya Harris 2300 ATTAPULGUS HWY Quincy, FL 32352	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GAMMON, ODIS 2300 ATTAPULGUS HWY QUNICY, FL 32333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS Od's Gammon 2300 ATTAPULGUS HWY Quincy FL 32352	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARRIS, TONYA 2300 ATTAPULGUS HWY QUNICY, FL 32333	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Linda Baker 2300 ATTAPULGUS HWY Quincy, FL 32352	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT GAMMON, JULIA 2300 ATTAPULGUS HWY QUNICY, FL 32333	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT Harry Jackson 2300 ATTAPULGUS HWY Quincy FL 32352	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTT GREEN, MARY 2300 ATTAPULGUS HWY QUNICY, FL 32333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTT Norman Harris 2300 ATTAPULGUS HWY Quincy FL 32352	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Linda Baker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/5/07</u> Daytime Phone # <u>(850) 875-0056</u>	