## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # N04000001407 2008 APR 29 PM 2: 42 UNITED APOSTOLIC CHURCH OF JESUS CHRIST, INC. SEGRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2300 ATTAPULGUS HWY 2300 ATTAPULGUS HWY QUINCY, FL 32352 US QUINCY, FL 32352 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Numbe 71-0960903 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, LINDA 2300 ATTAPULGUS HWY Street Address (P.O. Box Number is Not Acceptable) QUINCY, FL 32352 City Zip Code FL 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 Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ST TITLE ☐ Delete TITLE Change ☐ Addition BAKER, LINDA NAME NAME STREET ADDRESS 2300 ATTAPULGUS HWY STREET ADDRESS QUINCY, FL 32352 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME GAMMON, ODIS NAME 700126839867 04/29/08--01029--019 \*\*61.25 2300 ATTAPULGUS HWY STREET ADDRESS STREET ADDRESS QUINCY, FL 32352 CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition HARRIS, TONYA NAME NAME STREET ADDRESS 2300 ATTAPULGUS HWY STREET ADDRESS CITY-ST-ZIP QUINCY, FL 32352 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition JACKSON, HARRY NAME NAME STREET ADDRESS 2300 ATTAPULGUS HWY STREET ADDRESS CITY-ST-ZIP QUINCY, FL 32352 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME HARRIS, NORMAN NAME STREET ADDRESS 2300 ATTAPULGUS HWY STREET ADDRESS CITY-ST-ZIP QUINCY, FL 32352 CITY-ST-ZIP TITLE MT ☐ Delete TITLE ☐ Change Addition JONES, MARTHA NAME NAME STREET ADDRESS 2300 ATTAPULGUS HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP QUINCY, FL 32352 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 a paddress, with all other like empowered.

Daytime Phone #