

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001407

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

2300 ATTAPULGUS HWY
QUINCY, FL 32352 US

New Principal Place of Business:

Current Mailing Address:

2300 ATTAPULGUS HWY
QUINCY, FL 32352 US

New Mailing Address:

FEI Number: 71-0960903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, LINDA
2300 ATTAPULGUS HWY
QUINCY, FL 32352 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: BAKER, LINDA
Address: 2300 ATTAPULGUS HWY
City-St-Zip: QUINCY, FL 32352 US

Title: S () Delete
Name: GAMMON, ODIS
Address: 2300 ATTAPULGUS HWY
City-St-Zip: QUINCY, FL 32352 US

Title: PT () Delete
Name: HARRIS, TONYA
Address: 2300 ATTAPULGUS HWY
City-St-Zip: QUINCY, FL 32352 US

Title: TT () Delete
Name: JACKSON, HARRY
Address: 2300 ATTAPULGUS HWY
City-St-Zip: QUINCY, FL 32352 US

Title: VTT () Delete
Name: HARRIS, NORMAN
Address: 2300 ATTAPULGUS HWY
City-St-Zip: QUINCY, FL 32352 US

Title: MT () Delete
Name: JONES, MARTHA
Address: 2300 ATTAPULGUS HWY
City-St-Zip: QUINCY, FL 32352 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ODIS GAMMON

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date