


FILE NOW: FILING FEE IS \$61.25 AMENDED

APPROVED
AND
FILED

98 NOV 25 PM 4: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704834
1. Corporation Name
THE church of The Lord Jesus christ, of The ApostLES AND prophets Faith, Inc

Principal Place of Business Mailing Address
4952 ST Augustine RD Tallahassee, FLA. 32310 SAME

3. Date Incorporated or Qualified *05-20-1962*
4. FEI Number *59-3290809* Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 *4952 ST Augustine RD* 25 *3582 Sun Down Road*
22 *Same As Above* 27 *Same As Above*
23 *Tallahassee, Florida.* 28 *Tallahassee Florida*
24 *32310* 25 *LEON* 29 *32310* 30 *LEON*

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name *John L Butler JR.*
82 Street Address (P.O. Box Number is Not Acceptable) *3582 Sun Down Road*
83 *100002701741--6*
84 City *Tallahassee* 12/23/98 01:05:00
****70.FIL 11/24/98

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *John L Butler JR.* 11/24/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <i>D</i>	NAME <i>SILAS REED</i>	<input type="checkbox"/> DELETE
STREET ADDRESS <i>1339 IONIA ST</i>		
CITY-ST-ZIP <i>JACKSONVILLE; FL 32206</i>		
TITLE <i>ST</i>	NAME <i>SHIRLEY REED</i>	<input type="checkbox"/> DELETE
STREET ADDRESS <i>1339 IONIA ST</i>		
CITY-ST-ZIP <i>JACKSONVILLE, FL 32206</i>		
TITLE <i>D</i>	NAME <i>FLEETCHER PYE</i>	<input type="checkbox"/> DELETE
STREET ADDRESS <i>4800 OLD ST AUGUSTINE RD</i>		
CITY-ST-ZIP <i>TALLAHASSEE, FL 32301</i>		
TITLE <i>D</i>	NAME <i>HERMAN REED</i>	<input type="checkbox"/> DELETE
STREET ADDRESS <i>1339 IONIA ST</i>		
CITY-ST-ZIP <i>JACKSONVILLE FL 32206</i>		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <i>D/TR</i>	NAME <i>Rainey Johnson</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 STREET ADDRESS <i>4952 ST Augustine Road</i>		
1.3 CITY-ST-ZIP <i>Tallahassee, Florida 32311</i>		
2.1 TITLE <i>S</i>	NAME <i>Willie L. Hunt</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 STREET ADDRESS <i>4952 ST. Augustine Road</i>		
2.3 CITY-ST-ZIP <i>Tallahassee, Florida 32311</i>		
3.1 TITLE <i>T</i>	NAME <i>Ida Mae Pye</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 STREET ADDRESS <i>4800 ST Augustine Road</i>		
3.3 CITY-ST-ZIP <i>Tallahassee, Florida 32311</i>		
4.1 TITLE <i>D</i>	NAME <i>Ricky O. Gillmore</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 STREET ADDRESS <i>Rt 32, Box 540</i>		
4.3 CITY-ST-ZIP <i>Tallahassee Florida 32311</i>		
5.1 TITLE <i>VP</i>	NAME <i>James Wilson JR</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 STREET ADDRESS <i>4318 Windy Pine Ct.</i>		
5.3 CITY-ST-ZIP <i>Tallahassee Florida. 32310</i>		
6.1 TITLE <i>P/D</i>	NAME <i>John L Butler JR.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 STREET ADDRESS <i>3582 Sun Down RD</i>		
6.3 CITY-ST-ZIP <i>Tallahassee Florida 32310</i>		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John L Butler JR.* 11/24/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)