2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 704834 FILED THE CHURCH OF THE LORD JESUS CHRIST OF THE APOSTLES AND PROPHETS FAITH, INC. 04 APR 29 AM ID: 31 Principal Place of Business Mailing Address SECRETARY OF STATE 3582 SUN DOWN ROAD 4952 ST AUGUSTINE RD TALLAHASSIF FLORIDA TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 Chq-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3290809 Applied For Not Applicable Zip Country 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 Name BUTLER, JOHN L JR Street Address (P.O. Box Number is Not Acceptable) 3582 SUN DOWN ROAD TALLAHASSEE, FL 32310 City Zip Code F١ 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 П Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE 3000357335**5**5 JOHNSON, RAINEY NAME NAME 05/07/04--01019--013 **61.25 4952 ST AUGUSTINE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP S ☐ Delete TITLE TITLE ☐ Change ☐ Addition HUNT, WILLIE L NAME NAME STREET ADDRESS 4952 ST AUGUSTINE ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PYE, IDA MAE NAME NAME 4800 ST AUGUSTINE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition GILLMORE, RICKY P NAME NAME RT 32, BOX 540 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME WILSON, JOAMES JR NAME 4318 WINDY PINE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP ☐ Delete TITLE TIT) F ☐ Change ☐ Addition BUTLER, JOHN L JR NAME NAME STREET ADDRESS 3582 SUNDOWN RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 the empowered. RINTED NAME OF SIGNING OFFICER OR SIGNATURE: RECTOR Daytime Phone