2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NA

2001 MAR 20 PM 3: 19 **DOCUMENT # 704834** THE CHURCH OF THE LORD JESUS CHRIST OF THE SECRETATION FLORIDA APOSTLES AND PROPHETS FAITH, INC. Principal Place of Business Mailing Address 4952 ST AUGUSTINE RD 3582 SUN DOWN ROAD TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202007 Chq-NP CR2E037 (12/06) 4. FEI Number 59-3290809 City & State City & State Applied For 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 BUTLER, JOHN L JR 3582 SUN DOWN ROAD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32310 Zip Code 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 Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DTR TITLE TITLE □ Delete ☐ Change ■ Addition JOHNSON, RAINEY NAME NAME 4952 ST AUGUSTINE ROAD STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32311 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE HUNT, WILLIE L NAME NAME 04/05/07--01033--014 4952 ST AUGUSTINE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PYE, IDA MAE NAME NAME STREET ADDRESS 4800 ST AUGUSTINE ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GILLMORE, RICKY P NAME NAME RT 32, BOX 540 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BUTLER, JOHN L JR NAME STREET ADDRESS STREET ADDRESS 3582 SUNDOWN RD CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 the 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 empoyered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to execute this rechanged, or on an attachment with an address, with all other like empower SIGNATURE:

FILED

Daytime Phone #