NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

10 APR 30 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704834

1. Entity Name The church of The Lord Jesus Christ of the Apostl & Prophet Earth

700180071157
05/03/10--01016--025 **61.25

CR2E037B (11/08)

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2. Principal Place of Business - No P O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3290809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name John L Butler JR

Street Address (P.O Box Number is Not Acceptable)

1425 Coleman ST

City Tallx FL Zip Code 32310

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: John L Butler DATE: 4/30/10

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended AR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	ASST DTR
NAME	Kevin Price
STREET ADDRESS	4952 OLD ST Augustine Road 32311
CITY-ST-ZIP	
TITLE	Tr
NAME	Earl Williams
STREET ADDRESS	4952 OLD ST Augustine Road 32311
CITY-ST-ZIP	
TITLE	Tr
NAME	Joe Jackson
STREET ADDRESS	4952 OLD ST Augustine Road
CITY-ST-ZIP	32311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: John L Butler 4/30/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #