

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 719887 (2)

1. Corporation Name  
**THE APOSTOLIC CHURCH OF JESUS CHRIST, OF PLANT CITY, FLA., INC.**



Principal Place of Business: P.O. BOX 3249 PLANT CITY FL 33564  
Mailing Address: P.O. BOX 3249 PLANT CITY FL 33564

3. Date Incorporated or Qualified: 12/16/1970  
3a. Date of Last Report: 08/11/1995

2. Principal Place of Business: 21 P.O. Box 3149  
22 Suite, Apt. #, etc.  
23 City & State: Plant City, FL  
24 Zip: 33564 25 Country: Hillsborough  
26 Mailing Address: P.O. Box 3149  
27 Suite, Apt. #, etc.  
28 City & State: Plant City, FL  
29 Zip: 33564 30 Country: Hillsborough

4. FEI Number: 59-2847711  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONALD D. NASH  
2909 MCGEE RD.  
PLANT CITY FL 33566

81 Name:   
82 Street Address (P.O. Box Number is Not Acceptable):   
83 City:   
84 City:   
85 Zip Code: FL

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: *Ronald D. Nash (PCD) Ronald D. NASH* DATE: 4.25.96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	NASH, RONALD D. REV.	
STREET ADDRESS	3307 W. TRAPNELL RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TEXTER, CHARLES W.	
STREET ADDRESS	5010 HWY 574, #9	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TRD	<input type="checkbox"/> DELETE
NAME	PARDEE, PAUL	
STREET ADDRESS	3801 CREEKWOOD DR.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ronald D. Nash* DATE: 4.25.96 DAYTIME PHONE #: 813-759-2116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)