

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90047 009 \*\*\*\*61.25

DOCUMENT # 719887

1. Entity Name  
The APOSTOLIC Church of Jesus  
CHRIST, OF PLANT CITY, FLA., INC.



**DO NOT WRITE IN THIS SPACE**

40016241

2. Principal Place of Business

1212 W. REYNOLDS ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

Plant City FL

City & State

4. FEI Number

59-3729309

Applied For

Not Applicable

Zip

33523

Country

Hills

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Rev. Charles W. Texter

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

5204 Spring Creek Dr.

City

Lake Land

FL

Zip Code

33811

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

FEE IS \$61.25

Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	P, C Rev. Charles W. Texter 5204 Spring Creek Dr. Lake Land FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, M Rev. Rudy L. Thrasher 2143 Zion Rd. Columbia, TN. 38401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Regina L. Texter 5204 Spring Creek Dr. Lake Land FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Brenda Lewis 1402 Gordon Rd. Plant City FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Campbell 2201 E. Trapnell Rd. Plant City FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:

Charles W. Texter

2-3-05

477-5130

(813)

477-5130

CR2E037B (12/02)