

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 15 AM 11:43

DOCUMENT # 719920 (1)

1. Corporation Name

THE APOSTOLIC CHURCH OF JESUS, INC.

Principal Place of Business

Mailing Address

956 CAROLINA AVENUE  
% 202 3RD ST.  
AVON PARK FL 33825

956 CAROLINA AVENUE  
% 202 3RD ST.  
AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/22/1970

3a. Date of Last Report  
05/26/1994

4. FEI Number  
59-2820344

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐ \$68.75 Supplemental Fee Not Required

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

HICKS, DAVID (DEACON)  
202 THIRD STREET  
AVON PARK FL 33825

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                           |
|-----------------|---------------------------|
| TITLE           | PD                        |
| NAME            | MIMS, JAMES (BISHOP)      |
| STREET ADDRESS  | 3266 WALLER PLACE         |
| CITY - ST - ZIP | ORLANDO FL                |
| TITLE           | VD                        |
| NAME            | WIMES, JOE (ASST. BISHOP) |
| STREET ADDRESS  | 1610 N. 17TH STREET       |
| CITY - ST - ZIP | FT. PIERCE FL             |
| TITLE           | D                         |
| NAME            | ROLLE, PRESTON (ELDER)    |
| STREET ADDRESS  | 1853 BETHEL LANE          |
| CITY - ST - ZIP | ORLANDO FL                |
| TITLE           | D                         |
| NAME            | CLARK, CLEVELAND (ELDER)  |
| STREET ADDRESS  | 342 GREENEND STREET       |
| CITY - ST - ZIP | ORLANDO FL                |
| TITLE           | T                         |
| NAME            | HICKS, DAVID (DEACON)     |
| STREET ADDRESS  | 202 THIRD STREET          |
| CITY - ST - ZIP | AVON PARK FL              |
| TITLE           | S                         |
| NAME            | SIMS, HAZEL (SIS.)        |
| STREET ADDRESS  | 3440 LIPSCOMB PLACE       |
| CITY - ST - ZIP | ORLANDO FL                |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 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: *David Hicks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-95

813-453-7948