

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721886

FILED
Feb 25, 2009
Secretary of State

Entity Name: THE CHURCH OF THE LORD JESUS IN THE APOSTLE DOCTRINE, INC.

Current Principal Place of Business:

190 NW 24 AVE
POMPANO BCH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

701 NE 43RD COURT
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FULLER, COREY C
11861 NW 39 PLACE
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FULLER, CYNTHIA
Address: 11861 NW 39 PLACE
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: PICKETT, SEGAR,
Address: 1401 NW 3 WAY
City-St-Zip: POMPANO BCH, FL 33060

Title: D () Delete
Name: WILLIAMS, LEOTIS
Address: 212 NW 15 COURT
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD () Delete
Name: MCFARLIN, ROSA,
Address: 701 NE 43 CT
City-St-Zip: POMPANO BCH, FL 33064

Title: D () Delete
Name: MCFARLIN, LAWRENCE
Address: 701 NE 43 COURT
City-St-Zip: POMPANO BEACH, FL 33064

Title: CD () Delete
Name: PICKETT, ALBERT,
Address: 1201 NW 3 AVE #101
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA MCFARLIN

SD

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date