
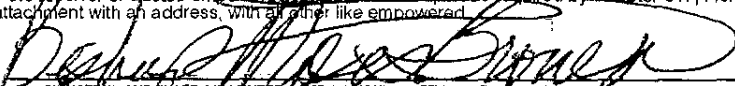


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # 729027 1. Entity Name APOSTOLIC CHURCH OF GOD IN JESUS NAME, INC. | | | |  | |
| Principal Place of Business 615 N.W. 14TH WAY FT. LAUDERDALE FL 33311 | | | Mailing Address 615 N.W. 14TH WAY FT. LAUDERDALE FL 33311 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 23-7377254 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BROWN, MOSES 2828 NW 6TH CT FORT LAUDERDALE FL 33311 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | PD BROWN, MOSES 200 S.W. 22ND AVE. FT. LAUDERDALE FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | TD HOOKS, ELNORA 3260 N.W. 2ND ST. FT. LAUDERDALE FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000336034 04/27/05-80110-001 61.25 | |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | SD BROWN, SYLVIA 200 SW 22 AVE FORT LAUDERDALE FL 33312 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | TD MCCORY, SARAH 10150 NW 7TH ST FORT LAUDERDALE FL 33311 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  4-24-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |