

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:18

DOCUMENT # 741059 (0)
1. Corporation Name
THE CHURCH OF JESUS CHRIST, (APOSTOLIC FAITH) OF AMERICA, INC.

Principal Place of Business C/O BISHOP B.O. KITCHENS 3804 RICHARD RD. N. FT. MYERS FL 33903	Mailing Address C/O BISHOP B.O. KITCHENS 3804 RICHARD RD. N. FT. MYERS FL 33903
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1977	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2355610	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
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	

2. Principal Place of Business 21 Suite, Apt. # etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. # etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
KITCHENS, B.O.
3804 RICHARD RD.
N. FT. MYERS FL 33903

10. Name and Address of New Registered Agent
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 KITCHENS, B. O. PB	1.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 3804 RICHARD RD.		1.2 NAME	
CITY - ST - ZIP N. FT. MYERS FL		1.3 STREET ADDRESS	
TITLE D	NAME KITCHENS, A.W. (ASST)	1.4 CITY - ST - ZIP	☐ Change ☐ Addition
STREET ADDRESS 3804 RICHARD RD.		2.1 TITLE	
CITY - ST - ZIP N. FT. MYERS FL		2.2 NAME	
TITLE STD	NAME KITCHENS, BETTY A. Secretary + Treasurer	2.3 STREET ADDRESS	☐ Change ☐ Addition
STREET ADDRESS 3804 RICHARD RD.		2.4 CITY - ST - ZIP	
CITY - ST - ZIP N. FT. MYERS FL		3.1 TITLE	☐ Change ☐ Addition
TITLE PS	NAME KITCHENS, B.O. (MRS)	3.2 NAME	
STREET ADDRESS 3804 RICHARD RD.		3.3 STREET ADDRESS	
CITY - ST - ZIP N. FT. MYERS FL		3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	Deceased
CITY - ST - ZIP		4.4 CITY - ST - ZIP	SORRY
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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: **B O Kitchens** **B O KITCHENS** (3/10/93) **975-5085**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR