FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPÂRTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

KITCHENS, B.O.

3804 DICHARD BD

SIGNATURE: B,O,K,

741059

(0)

THE CHURCH OF JESUS CHRIST, (APOSTOLIC FAITH) OF AMERICA, INC.

9. Name and Address of Current Registered Agent

Principal Place of Business Mailing Address C/O BISHOP B.O. KITCHENS C/O BISHOP B.O. KITCHENS 3. Date Incorporated or Qualified 3804 RICHARD RD. 3804 RICHARD RD. 12/13/1977 N. FT. MYERS FL 33903 N. FT. MYERS FL 33903 4. FEI Number 59-2355610 2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired 21 26

Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? 28 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 24 29 30

FILED Jan 21 1998 8:00am Secretary of State



Yes X No

Yes

Trust Fund Contribution

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

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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N. FT. MYERS FL 33903									i
		8	34	City		FL	85	Zip (ode
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and little # applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12. OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES	TO OFFICERS AND	DIRE	CTOR.	S IN 12
TITLE	PD DELETE	1,1 TITL	E				☐ Ch	ange	Addition
NAME	Kitchens, B. O. PB	1,2 NAM	1.2 NAME						
STREET ADDRESS	3804 RICHARD RD.	1.3 STRI	EET A	DORESS					
CITY-ST-ZIP	N. FT. MYERS FL	1.4 CITY	-st-	ZIP					
TITLE	DELETE DELETE	2.1 TITL	E				☐ Ch	алде	Addition
NAME	KITCHENS, A.W. (ASST)	2.2 NAM	Œ						
STREET ADDRESS	3804 RICHARD RD.	2.3 STRE	ET AI	ODRESS					
CITY-ST-ZIP	N. FT. MYERS FL	2, 4 CIT	Y-ST	·ZIP					
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NAME	KITCHENS, BETTY A.	3.2 NAM	ΙE						
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CITY-ST-ZIP		5.4 CITY	-ST-	ZIP					
TITLE	☐ DELETE	6.1 TITLE					Cha	ange	Addition
NAME		6.2 NAM	E						
STREET ADDRESS		6.3 STRE	ET AC	DRESS					.]
CITY-ST-ZIP		6.4 CITY							
14. 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 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.									