

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 05 1996 8:00 am
Secretary of State

DOCUMENT # 745485 (3)

1. Corporation Name
APOSTLE FAITH CHURCH OF JESUS, INC.



Principal Place of Business: **911 NW 5TH COURT FORT LAUDERDALE FL 33311-8023**
Mailing Address: **911 NW 5TH COURT FORT LAUDERDALE FL 33311-8023**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/08/1979	3a. Date of Last Report 02/22/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0188334	Applied For <input checked="" type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STANLEY, MERCEDA 2760 SOUTHWEST 4TH STREET SUITE 1208 FT. LAUDERDALE FL 33312		81. Name	
		82. Street Address (P.O. Box Numbers Not Acceptable)	
		83.	
		84. City	FL
			85. Zip Code

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
TITLE	PD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, CLARENCE	12. NAME	
STREET ADDRESS	911 NW 5TH COURT	13. STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	14. CITY-ST-ZIP	
TITLE	VD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, RAYMOND	22. NAME	
STREET ADDRESS	425 NW 5TH ST.	23. STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	24. CITY-ST-ZIP	
TITLE	SD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, MERCEDA	32. NAME	
STREET ADDRESS	2760 S.W. 4TH STREET	33. STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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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: *Merceda Stanley* *Merceda Stanley* 2/28/96 797-4525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)