


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 745485 1. Entity Name APOSTLE FAITH CHURCH OF JESUS, INC.	
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Principal Place of Business 2660 NW 20TH STREET FORT LAUDERDALE, FL 33311	Mailing Address 2660 NW 20TH STREET FORT LAUDERDALE, FL 33311
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04212004 No Chg-NP CR2E037 (10/03)

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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALI, DERRICK
 600 N. PINE ISLAND RD
 SUITE 450
 PLANTATION, FL 33324

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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 _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ROBINSON, RAYMOND 1520 NW 19TH AV FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WRIGHT, TOMMY L 1221 NW 23RD TERR POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, BETTY 10 NW 9TH ST POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, SAMMIE L 3251 NW 16 ST FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, RAYMOND JR 433 NW 7 AVE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, CLARENCE J 2951 NW 24 AVE OAKLAND PARK, FL 33311

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 04.26.04-80023-015 51.25

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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: Raymond Robinson RAYMOND ROBINSON 04-22-04 (984) 527-0523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #