

FILE NOW: FILING FEE IS \$61.25

FILED

**May 11 1998 8:00am
Secretary of State**

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 751034 (0)

1. Corporation Name
THE UNITED CHURCH OF JESUS CHRIST, OF THE APOSTOLIC PENTECOSTAL FAITH, INC.

| | |
|--|--|
| Principal Place of Business P.O. BOX 3298 LAKE CITY FL 32056 | Mailing Address P.O. BOX 3298 LAKE CITY FL 32056 |
|--|--|

3. Date Incorporated or Qualified
02/13/1980

4. FEI Number
59-2116538

Applied For
 Not Applicable

| | |
|--|---|
| 21. Principal Place of Business Alisa Maddux | 22a. Mailing Address Alisa Maddux |
| 22. Suite, Apt. #, etc. Rt 3 Box 346-P | 22b. Suite, Apt. #, etc. Rt 3 Box 346-P |
| 23. City & State Lake Butler Fl. | 23b. City & State Lake Butler Fl. |
| 24. Zip 32054 | 24b. Zip 32054 |
| 25. Country Union | 25b. Country Union |

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**ALISA MADDUX
P.O. BOX 3298
HWY 240
LAKE CITY FL 32056**

10. Name and Address of New Registered Agent

| | |
|---|-----------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | Rt 3 Box 346-P |
| 83 City & State | Lake Butler FL |
| 84 Zip Code | 32054 |

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 Alisa Maddux Alisa Maddux 4/13/98
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 <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DORMAN, BELVELY | 1.2 NAME | |
| STREET ADDRESS | PO BOX 2632 N A | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE CITY FL | 1.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MADDUX, ALISA | 2.2 NAME | STD Maddux Alisa |
| STREET ADDRESS | P.O. BOX 3298 N/A | 2.3 STREET ADDRESS | Rt 3 Box 346-P |
| CITY-ST-ZIP | LAKE CITY FL | 2.4 CITY-ST-ZIP | Lake Butler Fl. 32054 |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORD, JOHN | 3.2 NAME | |
| STREET ADDRESS | RT 3 BOX 29M | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAWTHORNE FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: Alisa Maddux Alisa Maddux 4/13/98

CR2E037 (10/97)