


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 751034**

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



Principal Place of Business      Mailing Address

**MADDUX, ALISA**      **MADDUX, ALISA**  
**ROUTE 3, BOX 346-P**      **ROUTE 3, BOX 346-P**  
**LAKE BUTLER, FL 32054 US**      **LAKE BUTLER, FL 32054 US**

**DO NOT WRITE IN THIS SPACE**



04232005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2116538</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ALISA MADDUX**  
**ROUTE 3, BOX 346-P**  
**LAKE BUTLER, FL 32054**

**DO NOT WRITE IN THIS SPACE**

3. 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, 2005**

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	PD DORMAN, BELVELY PO BOX 2632 N A LAKE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MADDUX, ALISA ROUTE 3 BOX 346-P LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORD, JOHN RT 3 BOX 29M HAWTHORNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/27/05-80161-016 70.00

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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:** Alisa Maddux      4/25/05      Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_