


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90209 044 ****70.00

DOCUMENT # 751034			
1. Entity Name THE UNITED CHURCH OF JESUS CHRIST, OF THE APOSTOLIC PENTECOSTAL FAITH, INC.			
Principal Place of Business MADDUX, ALISA ROUTE 3, BOX 346-P LAKE BUTLER, FL 32054 US		Mailing Address MADDUX, ALISA ROUTE 3, BOX 346-P LAKE BUTLER, FL 32054 US	
2. Principal Place of Business		3. Mailing Address 5609 W CR240	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lake Butler FL	
Zip		Zip 32054	
Country		Country Union	
4. FEI Number 59-2116538		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALISA MADDUX ROUTE 3, BOX 346-P LAKE BUTLER, FL 32054		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5609 W CR240 City Lake Butler FL Zip Code 32054	
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 <u>Alisa Maddux</u> Signature, typed or printed name of registered agent and fee if applicable.		Alisa Maddux (NOTE: Registered Agent signature required when reissuing)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORMAN, BELVELY PO BOX 2632 N A LAKE CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 635 NE 1st Street Lake Butler FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MADDUX, ALISA ROUTE 3 BOX 346-P LAKE BUTLER, FL 32054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5609 W CR240 LAKE BUTLER FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORD, JOHN RT 3 BOX 29M HAWTHORNE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Alisa Maddux</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Alisa Maddux Date 4/24/06 Daytime Phone #	



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