


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90060 024 \*\*\*\*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  
**5609 W CR 240**  
**LAKE BUTLER, FL 32054 US**



2. Principal Place of Business - No P.O. Box #  
**5609 W CR 240**

3. Mailing Address  
 Suite, Apt. #, etc.

07022007 Chg-NP CR2E037 (12/06)

City & State  
**Lake Butler FL**

City & State

Zip  
**32054** Country  
**Union**

Zip Country

4. FEI Number  
**59-2116538**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALISA MADDUX**  
**5609 W CR 240**  
**LAKE BUTLER, FL 32054**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Alisa Maddux* DATE 6/29/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORMAN, BELVELY 835 NE 1ST STREET LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MADDUX, ALISA 5609 W CR 240 LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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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: *Alisa Maddux* Alisa Maddux 6/29/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #