


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 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

5609 W. CR 240                      5609 W CR 240  
 LAKE BUTLER, FL 32054    US                      LAKE BUTLER, FL 32054    US

**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-NP      CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

ALISA MADDUX  
 5609 W CR 240  
 LAKE BUTLER, FL 32054

**DO NOT WRITE IN THIS SPACE**

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 reappointing)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000937600  
 05/27/08-80058-009 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORMAN, BELVELY 635 NE 1ST STREET LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MADDUX, ALISA 5609 W CR 240 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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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      4/25/08

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