


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 759234					
1. Entity Name ONENESS APOSTOLIC CHURCH, INC.					
Principal Place of Business 1826 NW 38 AVE LAUDERHILL FL 33311 US		Mailing Address 7993 CHAMBERS CT LAKEWORTH FL 33467-820 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 31-1559017	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GALLIMORE, JOSEPHINE 7993 CHAMBERS CT LAKE WORTH FL 33467				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: 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	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLIMORE, TIMOTHY		NAME		
STREET ADDRESS	7993 CHAMBERS CT		STREET ADDRESS		
CITY - ST - ZIP	LAKE WORTH FL 33467		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLIMORE, JOSEPHINE		NAME		
STREET ADDRESS	7993 CHAMBERS CT		STREET ADDRESS		
CITY - ST - ZIP	LAKE WORTH FL 33467		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, RIPTON		NAME		
STREET ADDRESS	1704 NORTHWEST 16TH COURT		STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL 33311		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT, LAVAL H		NAME		
STREET ADDRESS	2571 S.E. ROCKSPRING DRIVE		STREET ADDRESS		
CITY - ST - ZIP	PORT SAINT LUCIE FL 34952		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, NORMAN		NAME		
STREET ADDRESS	6897 NW 14 ST		STREET ADDRESS		
CITY - ST - ZIP	PLANTATION FL 33313		CITY - ST - ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDS, GULLIVER		NAME		
STREET ADDRESS	3440 N.W. 40TH CT.		STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL		CITY - ST - ZIP		



1st MOORE CR2E037 (10/05)

4. FEI Number 31-1559017 Applied For Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Josephine E. Gallimore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 561-969-7715
Date Daytime Phone #