


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 759234 1. Entity Name ONENESS APOSTOLIC CHURCH, INC.	
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Principal Place of Business 1826 NW 38 AVE LAUDERHILL, FL 33311 US	Mailing Address 7993 CHAMBERS CT LAKEWORTH, FL 33467-820 US
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04252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1559017	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GALLIMORE, JOSEPHINE
7993 CHAMBERS CT
LAKE WORTH, FL 33467**

**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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000756195 05/23/07-80022-008 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALLIMORE, TIMOTHY 7993 CHAMBERS CT LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLIMORE, JOSEPHINE 7993 CHAMBERS CT LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALKER, RIPTON 1704 NORTHWEST 16TH COURT FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, LAVAL H 2571 S.E. ROCKSPRING DRIVE PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, NORMAN 6897 NW 14 ST PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RICHARDS, GULLIVER 3440 N.W. 40TH CT. FT. LAUDERDALE, FL

**DO NOT WRITE
IN THIS SPACE**

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: *Josephine Gallimore* **Josephine GALLIMORE** **4/26/07** **(954) 424-3745**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #