


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 763409 1. Entity Name CHURCH OF JESUS, APOSTOLIC FAITH, INCORPORATED	
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Principal Place of Business 131 WASHINGTON STREET ORMOND BEACH, FL 32174-6339	Mailing Address 131 WASHINGTON STREET ORMOND BEACH, FL 32174-6339
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 26-7421553	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FREEMAN, NORA 400 LINCOLN ST. TITUSVILLE, FL 32014
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**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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FREEMAN, CHARLES 1026 BERKSHIRE ROAD DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FREEMAN, RUFUS 400 LINCOLN STREET TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FREEMAN, NORA 400 LINCOLN STREET TITUSVILLE, 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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04/09/05-80052-007 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Charlie Freeman* **CHARLIE FREEMAN** 4-6-05-386233526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #