

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # 763409

1. Entity Name
**CHURCH OF JESUS, APOSTOLIC FAITH,
INCORPORATED**



Principal Place of Business
**131 WASHINGTON STREET
ORMOND BEACH, FL 32174-6339**

Mailing Address
**131 WASHINGTON STREET
ORMOND BEACH, FL 32174-6339**



02272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-7421553

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FREEMAN, NORA
400 LINCOLN ST.
TITUSVILLE, FL 32014**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000477239
04/06/06-90063-008 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FREEMAN, CHARLES
STREET ADDRESS 1026 BERKSHIRE ROAD
CITY-ST-ZIP DAYTONA BEACH, FL 32117

TITLE VD
NAME FREEMAN, RUFUS
STREET ADDRESS 400 LINCOLN STREET
CITY-ST-ZIP TITUSVILLE, FL

TITLE STD
NAME FREEMAN, NORA
STREET ADDRESS 400 LINCOLN STREET
CITY-ST-ZIP TITUSVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Charlie Freeman* **CHARLIE FREEMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/06 (386) 673-5923