


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90027 026 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FREEMAN, NORA 400 LINCOLN ST. TITUSVILLE, FL 32014				Name <u>Charlie Freeman</u> Street Address (P.O. Box Number is Not Acceptable) <u>1026 Berkshire Road</u> City <u>Daytona Beach</u> FL Zip Code <u>32117</u>	
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 <u>Charlie Freeman</u> <u>CHARLIE FREEMAN</u> <u>4-9-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, CHARLES			NAME	
STREET ADDRESS	1026 BERKSHIRE ROAD			STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, RUFUS			NAME	
STREET ADDRESS	400 LINCOLN STREET			STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL			CITY-ST-ZIP	
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEMAN, NORA			NAME	<u>Charlotte Brewer</u>
STREET ADDRESS	400 LINCOLN STREET			STREET ADDRESS	<u>951 Essex Road</u>
CITY-ST-ZIP	TITUSVILLE, FL			CITY-ST-ZIP	<u>Daytona Beach, FL 32117</u>
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <u>Charlie Freeman</u> <u>CHARLIE FREEMAN</u>				<u>4-9-07</u> <u>(386) 253-3526</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	