2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #763409



Apr 12, 2007 8:00 am Secretary of State 04-12-2007 90027 026 ****61.25

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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						339	-	18			**************************************	ı enlik e reni i	(B 	GIBIITAL BI KABI
Principal Place of Business - No P.O. Box # 3. Mailing Address														
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				04012	2007	Chg-NF	•	CR2E	037 (12/06	i)
City & State			City	City & State					Number -74215	553				Applied For Not Applicable
Zip	Country Z			Zip Country				5. Cer	tificate of	Status D	esired		\$8.75 / Fee Requ	
	6. Name and Addr	ess of Curren	t Registered	Agent				7. Nan	ne and A	ddress o	f New R	egistered	Agent	
•		-		_		Name	75	anti	7	$\overline{}$			 = .	•
FREEMAN 400 LINCO	OLN ST.					Street A	ddress (F	P.O. Box	€ Number i		ceptable			
TITUSVILI	LE, FL 32014					1	026	e K	serl	KSh	150	RO	ad	
						City	Dai	Hon	a k	Bea	Ch	F	L Zip C	2/17
8. The above the obligat	e named entity submits t tions of registered agen	this statement f t.	for the purpos	e of changing its r	egistere	ed office o	r register	ed agent	, or both,	in the Sta	ate of Flo	oriola. Iar	n familiar wi	th, and accept
SIGNATURE	X Charles Stgnature, typed or printed name	ne of registered agen	TTC nt and title if applica	eule (NOTE:	Registered	HANL 1 Agent signat			EMA:	N	4	- 9 -	07	
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	Filing Fee is \$61 Due by May 1, 20			9. Election Carn Trust Fund Co	paign Fi	inancing		\$5.00 Added to	May Be	Ī			ck payable	
10.	Due by May 1, 2		DIRECTORS	9. Election Cam	paign Fi	inancing		\$5.00 Added to	May Be	GES TO	Flori	ida Depa	ertment of	State
	Due by May 1, 2	007	DIRECTORS	9. Election Carn Trust Fund Co	paign Fi ontributi	inancing on.		\$5.00 Added to	May Be	GES TO	Flori	ida Depa	irtment of	State IN 10
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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: X CHARLE PRESIDENT CHARLIC FREEMAN SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR