


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 824257
1. Entity Name
THE CHURCH OF OUR LORD JESUS-CHRIST OF THE APOSTOLIC FAITH



Principal Place of Business
**1317 ROWE AVENUE
JACKSONVILLE, FL 32208**

Mailing Address
**1317 ROWE AVENUE
JACKSONVILLE, FL 32208**



04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0089600	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
**GROOVER, GENTLE L
1317 ROWE AVENUE
JACKSONVILLE, FL 32208**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee Is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000518730 05/02/06-60025-021 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SBP GROOVER, GENTLE L 1317 ROWE AVENUE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SLATER, RUFUS 2020 W 10TH ST LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGEE, ROBERT 1825 BELLGROVE STREET LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, STEPHEN 11201 SOUTHWEST 188TH ST PERRINE, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GROOVER, KENNETH 935 CHAPMAN DRIVE JACKSONVILLE, FL 32221
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: Kenneth Groover KENNETH GROOVER 4/17/06 (904) 768-4009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #