


2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 824257</b> 1. Entity Name THE CHURCH OF OUR LORD JESUS CHRIST OF THE APOSTOLIC FAITH	
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Principal Place of Business 1317 ROWE AVENUE JACKSONVILLE, FL 32208	Mailing Address 1317 ROWE AVENUE JACKSONVILLE, FL 32208
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**DO NOT WRITE IN THIS SPACE**



04022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 05-0089600	Applied For Not Applicable
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5. Certificate of Status Desired  **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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 33157
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**

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04/20/07-80138-006 61.25

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** 4/9/07 (904) 768-4009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #