

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 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**



04182008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0089600**

Applied For  
Not Applicable

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 \_\_\_\_\_

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000925515  
05/20/08-80028-025 61.25

**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**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kenneth Groover**

Date

**4/24/08**

Daytime Phone #

**904-768-4009**