FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 PM 8:

DOCUMENT # **F93000005683 (8)**

1. Corporation Name

THE UNITED APOSTOLIC CHURCH OF JESUS CHRIST INC.

Principal Place of Business	Mailing Address
1 E. RIDGE DR GREENWOOD IN 46143	1 E. RIDGE DR GREENWOOD IN 46143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1993
3a. Date of Last Report: 02/24/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MAYNARD, GEORGE
1014 DOWNING CIRCLE
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name: PHILLIP AILES
82 Street Address (P.O. Box Number is Not Acceptable): 640 STATE RD. 39 NORTH
83: SUNDIAL TRAILER PARK
84 City: PLANT CITY **FL** 85 Zip Code: 33563

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Philip Ailes 5-21-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP		11 TITLE	SP	☒ Change ☐ Addition
NAME	BROWN, K	D	12 NAME	BROWN, K.	
STREET ADDRESS	1124 RIVERVIEW DR		13 STREET ADDRESS	1124 RIVER. DR.	
CITY-ST-ZIP	GREENWOOD IN		14 CITY-ST-ZIP	GREENFIELD, IN.	
TITLE	VCV		21 TITLE		☐ Change ☐ Addition
NAME	CALDWELL, LANNIE	D	22 NAME		
STREET ADDRESS	1 E. RIDGE DR		23 STREET ADDRESS		
CITY-ST-ZIP	GREENWOOD IN		24 CITY-ST-ZIP		
TITLE	SD		31 TITLE		☐ Change ☐ Addition
NAME	HOWARD, B	T	32 NAME		
STREET ADDRESS	206 S. 26TH ST		33 STREET ADDRESS		
CITY-ST-ZIP	NEW CASTLE IN		34 CITY-ST-ZIP		
TITLE	TD		41 TITLE		☐ Change ☐ Addition
NAME	LAWSON, A	T	42 NAME		
STREET ADDRESS	1203 S. 14TH ST		43 STREET ADDRESS		
CITY-ST-ZIP	GOSHEN IN		44 CITY-ST-ZIP		
TITLE	BM		51 TITLE		☐ Change ☐ Addition
NAME	CASTO, HAROLD	T	52 NAME		
STREET ADDRESS	2613 SANDY HOLLOW LANE		53 STREET ADDRESS		
CITY-ST-ZIP	ROCKFORD IL		54 CITY-ST-ZIP		
TITLE	BM		61 TITLE		☐ Change ☐ Addition
NAME	WHITFIELD, JIMMY	T	62 NAME		
STREET ADDRESS	RR #11 BOX 112		63 STREET ADDRESS		
CITY-ST-ZIP	MOUNTAIN HOME AR		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bishop L. P. Caldwell LANNIE CALDWELL 03/01/95 317-882-1217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074984