


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000005105</b> 1. Entity Name <b>THE SECT OF THE LORD JESUS CHRIST (ACTS 28:22) INCORPORATED</b>						
Principal Place of Business <b>40125 MAGNOLIA ST (PH) LADY LAKE FL 32159</b>		Mailing Address <b>40125 MAGNOLIA ST (PH) LADY LAKE FL 32159</b>				
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.				
City & State		City & State		4. FEI Number <b>23-2226273</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>FORTE, ELSIE A 40125 MAGNOLIA STREET LADY LAKE FL 32159</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 obligation of, registered agent. SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small>						
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LUKEMAN, DEBORAH</b> <b>RR1 BOX 220 E-E DAUGHERTY RD.</b> <b>EQUINUNK PA 18417</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000208485 <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>02/01/05-80085-015 61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FORTE, ALFRED E</b> <b>RR3 BOX 2617</b> <b>HONESDALE PA 18431</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>FORTE, ELSIE A</b> <b>40125 MAGNOLIA ST.</b> <b>LADY LAKE FL 32159</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TT</b> <b>FARWELL, METH</b> <b>HC66 BOX 89 CREAMTON CORNERS RD.</b> <b>PROMPTON PA 18456</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.						
<b>SIGNATURE:</b> <i>Elsie A. Forte</i> <b>ELsie A. Forte S/T 1/25/05 352 753-8536</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						