


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90017 035 \*\*\*\*70.00

<b>DOCUMENT # N01000002239</b>			
1. Entity Name APOSTOLIC ASSEMBLY OF THE LORD JESUS CHRIST, INC.			
Principal Place of Business 1510 11TH ST SW VERO BEACH, FL 32962 US		Mailing Address 1025 9TH SQUARE VERO BEACH, FL 32960 US	
2. Principal Place of Business <i>1916 27th Ave</i> Suite, Apt. #, etc.		3. Mailing Address <i>1916 27th Ave</i> Suite, Apt. #, etc.	
City & State <i>Vero Beach, FL</i>		City & State <i>Vero Beach, FL</i>	
Zip <i>32960</i>		Country <i>Indian River J. Fl.</i>	
4. FEI Number 65-1109376		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  PEGG, ROBERT L 1428 21ST ST VERO BEACH, FL 32960		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</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>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input type="checkbox"/> Delete	<b>P</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, GORDON G 1025 9TH SQUARE VERO BEACH, FL 32960	NAME STREET ADDRESS CITY-ST-ZIP	<i>Gordon B. Williams</i> <i>1916 27th Ave</i> <i>Vero Beach, FL 32960</i>
TITLE <input type="checkbox"/> Delete	<b>VD</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY-ST-ZIP	CALDWELL, TONY 1787 OLD DIXIE HWY VERO BEACH, FL 32960	NAME STREET ADDRESS CITY-ST-ZIP	<i>Tony Caldwell</i> <i>1916 27th Ave</i> <i>Vero Beach, FL 32960</i>
TITLE <input type="checkbox"/> Delete	<b>SD</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY-ST-ZIP	COX, TODD 1787 OLD DIXIE HWY VERO BEACH, FL 32960	NAME STREET ADDRESS CITY-ST-ZIP	<i>Todd Cox</i> <i>1916 27th Ave</i> <i>Vero Beach, FL 32960</i>
TITLE <input type="checkbox"/> Delete	<b>TD</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VELIE, ANTHONY 1787 OLD DIXIE HWY VERO BEACH, FL 32960	NAME STREET ADDRESS CITY-ST-ZIP	<i>Anthony Velie</i> <i>1916 27th Ave</i> <i>Vero Beach, FL 32960</i>
TITLE <input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
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.			
SIGNATURE: <i>[Signature]</i>		Date: <i>1/16/04</i>	Daytime Phone #: <i>772 569-8341</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #