2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT #N01000002239 APOSTOLIC ASSEMBLY OF THE LORD JESUS CHRIST. INC. Principal Place of Business Mailing Address 1916 27TH AVE. 1916 27TH AVE. VERO BEACH, FL 32960 VERO BEACH, FL 32960 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent ATTY, MARK HILL 1826 14TH AVE STE 201 VERO BEACH, FL 32960

FILED Apr 25, 2008 08:00 AN Secretary of State



04212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-1109376 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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	Election Campaign Finan Trust Fund Contribution.	~ ~ ~	5.00 May Be dded to Fees	U00000923628 05/16/08-80039-005 70.00
10. OFFICERS AND DIRE 1/ITLE P NAME WILLIAMS, GORDON G STREET ADDRESS 1916 27TH AVE. CITY-ST-ZIP VERO BEACH, FL 32960	CTORS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ITILE ST NAME WILLIAMS, KAREN STREET ADDRESS 1916 27TH AVE CITY-ST-ZIP VERO BEACH, FL 32960			·	
NAME COX, TODD STREET ADDRESS 1916 27TH AVE. CITY-SI-ZIP VERO BEACH, FL 32960	-			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-7/P			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, i ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12 I haveby certify that the information supplied with this			3 c ger	

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 attaching nt with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

4/4/08 112-569-834