


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006248


1. Entity Name
 APOSTOLIC FAITH OF JESUS CHRIST, INC.



Principal Place of Business
 1239 S. US 1 HWY
 VERO BEACH, FL 32962

Mailing Address
 304 24TH PLACE SE
 VERO BEACH, FL 32962

DO NOT WRITE IN THIS SPACE



03032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1135004	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EALY, SAMUEL JR.
 304 24TH PLACE SE
 VERO BEACH, FL 32962

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

400000128185
 04/26/04-80029-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EALY, SAMUEL JR. 304 24TH PLACE SE VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROWN, JACQUELINE 304 24TH PLACE SE VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JENNINGS, LESSIE 304 24TH PLACE SE VERO BEACH, FL 32962
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 *Samuel Ealy Jr.* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date *4-23-04* Daytime Phone # *(772) 562-5568*