

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008447

FILED
May 20, 2007
Secretary of State

Entity Name: SACRED AFRICA APOSTOLIC CHURCH USA, INC.

Current Principal Place of Business:

SUMMIT CHRISTIAN SCHOOL
ENOCH CENTER, SUMMIT BLVD
W PALM BCH, FL 33415 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 21085
WEST PALM BEACH, FL 334161085

New Mailing Address:

FEI Number: 65-1155246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, KEVILEE DEACON
6240 SUNTREE COURT
W PALM BCH, FL 33413 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ABRAHAM, JACOB DANIEL ELDER
Address: 114 SPRING RD, WOLVERHAMPTON, ETtingshall
City-St-Zip: WSI. UNITED KINGDOM, ENGLAND, GB

Title: D () Delete
Name: JAMES, MICHAEL PASTOR
Address: 1440 WOODCREST ROAD EAST
City-St-Zip: W PALM BCH, FL 33417

Title: D () Delete
Name: JONES, KEVILEE DEACON
Address: 6240 SUNTREE COURT
City-St-Zip: W PALM BCH, FL 33413

Title: SD () Delete
Name: SHILAH, JAMES
Address: 1440 WOODCREST ROAD EAST
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JAMES, MICHAEL PASTOR
Address: 17314 61ST PLACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SHILAH, JAMES
Address: 17314 61ST PLACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHILAH JAMES

SD

05/20/2007

Electronic Signature of Signing Officer or Director

Date