

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

DOCUMENT# N02000000127

**FILED**  
**Mar 16, 2004**  
**Secretary of State****Entity Name:** APOSTOLIC CHURCH OF JESUS CHRIST, INCORPORATED**Current Principal Place of Business:**1148 HWY 92 W  
AUBURNDALE, FL 33823**New Principal Place of Business:****Current Mailing Address:**1148 HWY 92 W  
AUBURNDALE, FL 33823**New Mailing Address:****FEI Number:** 59-3165802**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WOODS, DENNIS W  
1208 NE 6TH ST.  
MULBERRY, FL 33860 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:** PD ( ) Delete  
**Name:** WOODS, DENNIS W  
**Address:** 1208 NE 6TH ST.  
**City-St-Zip:** MULBERRY, FL 33860**Title:** VD ( ) Delete  
**Name:** RUCKER, CHARLES  
**Address:** 5310 DEESON RD.  
**City-St-Zip:** LAKELAND, FL 33810**Title:** STD ( ) Delete  
**Name:** WEST, CHRISTINA  
**Address:** 754 SPICEWOOD RD.  
**City-St-Zip:** LAKELAND, FL 33801**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DENNIS W. WOODS

PD

03/16/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date