

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # N02000001953**

**1. Entity Name**  
**THE APOSTOLIC CHURCH OF OUR LORD JESUS  
CHRIST, INC.**



**Principal Place of Business**  
3700 W ROBINSON ST  
ORLANDO, FL 32805

**Mailing Address**  
PO BOX 618281  
ORLANDO, FL 32861

**DO NOT WRITE IN THIS SPACE**



03252008 No Chg-NP CR2E037 (4/06)

**4. FEI Number**  
45-0474099

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

PALMER, SR., ALVIN BISHOP  
3700 W ROBINSON ST  
ORLANDO, FL 32805

**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 re-registering)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2008**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000930812  
05/21/08-80124-007 70.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	P
<b>NAME</b>	PALMER, SR., ALVIN BISHOP
<b>STREET ADDRESS</b>	PO BOX 618281
<b>CITY - ST - ZIP</b>	ORLANDO, FL 32861
<b>TITLE</b>	V
<b>NAME</b>	ROBINSON, E.J. BISHOP
<b>STREET ADDRESS</b>	2646 PAMELA DRIVE
<b>CITY - ST - ZIP</b>	SNELLVILLE, GA 30078
<b>TITLE</b>	D
<b>NAME</b>	PALMER, MARGARET F
<b>STREET ADDRESS</b>	PO BOX 628281
<b>CITY - ST - ZIP</b>	ORLANDO, FL 32861
<b>TITLE</b>	D
<b>NAME</b>	ROBINSON, DENISE
<b>STREET ADDRESS</b>	2646 PAMELA DRIVE
<b>CITY - ST - ZIP</b>	SNELLVILLE, GA 30078
<b>TITLE</b>	D
<b>NAME</b>	DAVIS, BEATRICE F
<b>STREET ADDRESS</b>	7736 PINEAPPLE DRIVE
<b>CITY - ST - ZIP</b>	ORLANDO, FL 32811
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Margaret F. Palmer* - MARGARET F. PALMER

Date

4/23/08

Daytime Phone #