2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N02000002669

Entity Name: ACTS OF THE APOSTLE BIBLE WAY CHURCH, INC.

Current Principal Place of Business:

1025 PIPPIN ST.
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 41395
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 32-0073463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STRONG, MATTIE L
1025 PIPPIN ST.
JACKSONVILLE, FL 32206 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: STRONG, MATTIE L
Address: 3139 CLYDE DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD ( ) Delete
Name: STRONG, SAMUEL J
Address: 3139 CLYDE DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD ( ) Delete
Name: MARSHALL, VERA D
Address: 9806 PRIORY AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VSD ( ) Delete
Name: MAIR, LINDA D
Address: 9538 NORFOLK BLVD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD ( ) Delete
Name: MOORE, BARBARA A
Address: 3139 CLYDE DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD ( ) Delete
Name: HABYARIMANA, SHAWN M
Address: 708 OAK MANOR
City-St-Zip: JACKSONVILLE, FL 32211 US

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:

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: LINDA D. MAIR VSD 04/28/2005

Electronic Signature of Signing Officer or Director — Date