


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90052 016 \*\*\*\*61.25

<b>DOCUMENT # N02000003919</b>	
<b>1. Entity Name</b> THE APOSTOLIC CHURCH OF JESUS CHRIST OF CRESTVIEW, FL INC.	

<b>Principal Place of Business</b> 117 HILLWOOD DR CRESTVIEW FL 32539	<b>Mailing Address</b> 117 HILLWOOD DR CRESTVIEW FL 32539
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

<b>4. FEI Number</b> 01-0681906	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  BRAY, BETTY S 117 HILLWOOD DR CRESTVIEW FL 32539
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**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.

<b>SIGNATURE</b> _____	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b> _____
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> D	<b>NAME</b> BRAY, BRYNES J <b>STREET ADDRESS</b> 117 HILLWOOD DR <b>CITY-ST-ZIP</b> CRESTVIEW FL 32539	<input type="checkbox"/> Delete	
<b>TITLE</b> VP	<b>NAME</b> BRAY, LISA M <b>STREET ADDRESS</b> 105A BRENTWOOD APTS BRENTWOOD LANE <b>CITY-ST-ZIP</b> CRESTVIEW FL 32539	<input checked="" type="checkbox"/> Delete	
<b>TITLE</b> D	<b>NAME</b> BRAY, BETTY S <b>STREET ADDRESS</b> 117 HILLWOOD DR <b>CITY-ST-ZIP</b> CRESTVIEW FL 32539	<input type="checkbox"/> Delete	
<b>TITLE</b> D	<b>NAME</b> SIMMONS, KELLEY D <b>STREET ADDRESS</b> 1776 SHADY CIR <b>CITY-ST-ZIP</b> PONCE DE LEON FL 32455	<input checked="" type="checkbox"/> Delete	
<b>TITLE</b> D	<b>NAME</b> SMITH, KAREN <b>STREET ADDRESS</b> 21 VICKIE LANE <b>CITY-ST-ZIP</b> DEFUNIAK SPRINGS FL 32433	<input type="checkbox"/> Delete	
<b>TITLE</b> D	<b>NAME</b> BRAY, BETTY S <b>STREET ADDRESS</b> 117 HILLWOOD DR <b>CITY-ST-ZIP</b> CRESTVIEW FL 32539	<input type="checkbox"/> Delete	
<b>TITLE</b> VP	<b>NAME</b> LISA Hughes <b>STREET ADDRESS</b> 1447 Joe Jordan Rd <b>CITY-ST-ZIP</b> Baker, FL 32531	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> Joseph Hughes <b>STREET ADDRESS</b> 1447 Joe Jordan Rd <b>CITY-ST-ZIP</b> Baker, FL 32531	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> Kenneth J. Bray <b>STREET ADDRESS</b> 6650 Possum Ridge Rd. <b>CITY-ST-ZIP</b> Crestview, FL 32539	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> SIMMONS, KELLEY D <b>STREET ADDRESS</b> 1776 SHADY CIR <b>CITY-ST-ZIP</b> PONCE DE LEON FL 32455	<input checked="" type="checkbox"/> Delete	
<b>TITLE</b> D	<b>NAME</b> SMITH, KAREN <b>STREET ADDRESS</b> 21 VICKIE LANE <b>CITY-ST-ZIP</b> DEFUNIAK SPRINGS FL 32433	<input type="checkbox"/> Delete	
<b>TITLE</b> D	<b>NAME</b> BRAY, BETTY S <b>STREET ADDRESS</b> 117 HILLWOOD DR <b>CITY-ST-ZIP</b> CRESTVIEW FL 32539	<input type="checkbox"/> Delete	
<b>TITLE</b> D	<b>NAME</b> SIMMONS, KELLEY D <b>STREET ADDRESS</b> 1776 SHADY CIR <b>CITY-ST-ZIP</b> PONCE DE LEON FL 32455	<input checked="" type="checkbox"/> Delete	
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<b>TITLE</b> D	<b>NAME</b> BRAY, BETTY S <b>STREET ADDRESS</b> 117 HILLWOOD DR <b>CITY-ST-ZIP</b> CRESTVIEW FL 32539	<input type="checkbox"/> Delete	

**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.

<b>SIGNATURE:</b> <i>Betty S. Bray</i> - Betty S. Bray 3-23-04 850-682-5367	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date</b>	<b>Daytime Phone #</b>
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