

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003919			
1. Entity Name THE APOSTOLIC CHURCH OF JESUS CHRIST OF CRESTVIEW, FL INC.			
Principal Place of Business 117 HILLWOOD DR CRESTVIEW FL 32539		Mailing Address 117 HILLWOOD DR CRESTVIEW FL 32539	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0681906		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAY, BETTY S 117 HILLWOOD DR CRESTVIEW FL 32539		7. Name and Address of New Registered Agent 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAY, B J 117 HILLWOOD DR CRESTVIEW FL 32539	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAY, JENNIFER 6650 POSSUM RIDGE RD CRESTVIEW FL 32539	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAY, BETTY S 117 HILLWOOD DR CRESTVIEW FL 32539	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAY, KENNETH J 6650 POSSUM RIDGE RD. CRESTVIEW FL 32539	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KAREN 21 VICKIE LANE DEFUNIAK SPRINGS FL 32433	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAY, KENNETH J 6650 POSSUM RIDGE RD CRESTVIEW FL 32539	☐ Delete	☐ Change ☐ Addition



1st MOORE CR2E037 (10/05)

4. FEI Number **01-0681906**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____

9. Election Campaign Financing

Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to

Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P BRAY, B J 117 HILLWOOD DR CRESTVIEW FL 32539

☐ Delete ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BRAY, JENNIFER 6650 POSSUM RIDGE RD CRESTVIEW FL 32539

☐ Delete ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BRAY, BETTY S 117 HILLWOOD DR CRESTVIEW FL 32539

☐ Delete ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BRAY, KENNETH J 6650 POSSUM RIDGE RD. CRESTVIEW FL 32539

☐ Delete ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SMITH, KAREN 21 VICKIE LANE DEFUNIAK SPRINGS FL 32433

☐ Delete ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP BRAY, KENNETH J 6650 POSSUM RIDGE RD CRESTVIEW FL 32539

☐ Delete ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

02/18/06-80030-003 61.25

02-01-06 650-683-5367