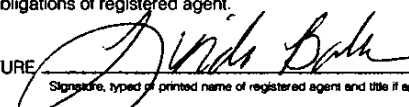
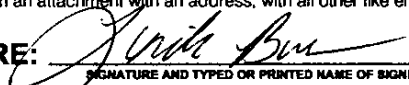


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90046 001 ****70.00

DOCUMENT # N04000001407 1. Entity Name UNITED APOSTOLIC CHURCH OF JESUS CHRIST, INC.					
Principal Place of Business 2300 ATTAPULGUS HWY QUNICY, FL 32352			Mailing Address 2300 ATTAPULGUS HWY QUNICY, FL 32352		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 71-0960903 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GAMMON, ODIS 2300 ATTAPULGUS HWY QUNICY, FL 32333			7. Name and Address of New Registered Agent Name Linda Baker Street Address (P.O. Box Number is Not Acceptable) 2300 ATTAPULGUS HWY Quincy, FL City FL Zip Code 32333		
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  DATE 4/5/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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	PT JOHNSON, ANNIE L 2300 ATTAPULGUS HWY QUNICY, FL 32333	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Tonya Harris 2300 ATTAPULGUS HWY Quincy, FL 32352	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GAMMON, ODIS 2300 ATTAPULGUS HWY QUNICY, FL 32333	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS Od's Gammon 2300 ATTAPULGUS HWY Quincy FL 32352	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARRIS, TONYA 2300 ATTAPULGUS HWY QUNICY, FL 32333	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Linda Baker 2300 ATTAPULGUS HWY Quincy, FL 32352	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT GAMMON, JULIA 2300 ATTAPULGUS HWY QUNICY, FL 32333	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT Harry Jackson 2300 ATTAPULGUS HWY Quincy FL 32352	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTT GREEN, MARY 2300 ATTAPULGUS HWY QUNICY, FL 32333	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTT Norman Harris 2300 ATTAPULGUS HWY Quincy FL 32352	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  DATE 4/5/07 DAYTIME PHONE # (850) 875-0056 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					