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	Mailing Address
2300 ATTAPULGUS HWY QUNICY, FL 32352	2300 ATTAPULGUS HWY QUNICY, FL 32352

03272007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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
City: Quincy, FL **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: Linda Baker 4/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Odis 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: Linda Baker 4/5/07 (850)875-0056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #