2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04135

1. Entity Name

SAINT CITY NO. 4 CHURCH OF THE APOSTOLIC FAITH, INC.

Principal Place of Business 9302 NW 22ND AVE MIAMI, FL 33147 US Mailing Address
BISHOP JENKINS
7325 N. AUGUSTA DR.
MIAMI, FL 33015 U

FILED Jul 28, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-222883

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, JAMES P 7375 N. AUGUSTA DRIVE HIALEAH, FL 33015

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filling Fee is \$61.25 Due by September 7, 2005 9. Election Campaign Finant Trust Fund Contribution.			ing 🗆	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, JAMES P 7375 N. AUGUSTA DRIVE HIALEAH, FL 33015				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV[JENKINS, HELEN 7375 N. AUGUSTA DRIVE HIALEAH, FL 33015				000000374822 07/28/05-80004-015 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENLEY, NANCY 1851 N.W. 81ST TERRACE MIAMI, FL 33147			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SY-ZIP	D PORTER, REGINA 1217 BERTHAD TASS HEPHZIDAH, GA 30815			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, EARL 6448 N.W. 61ST STREET OCALA, FL 34482		•	,	* ···· · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, GENISE 6448 N.W. 61ST STREET OCALA, FL 34482			·	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption staled in Section 119.07(3)(1). Florida Statutes. [further certify that the information indicated on this good or triple good in the control of the control o					

12. I hereby certify that the information supplied with this filling 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 path; 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:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/93/05 Daytime Phone #