


FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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05 JUN -2 PM 8:25
 REINSTATEMENT 99-05

DOCUMENT # N05091

1. Corporation Name
THE CHURCH OF THE LORD JESUS CHRIST OF THE APOSTOLIC FAITH OF FLORIDA, INC.

Principal Place of Business % JAMES TAYLOR 5722 N MIAMI AVENUE MIAMI FL 33127	Mailing Address % JAMES TAYLOR 5722 N MIAMI AVENUE MIAMI FL 33127
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W05000025896

REINSTATEMENT 99-05

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/11/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2450377
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent TAYLOR, JAMES 5722 N. MIAMI AVENUE MIAMI FL 33127	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: JAMES TAYLOR (PRESIDENT) DATE: 5/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JAMES	1.2 NAME	
STREET ADDRESS	5722 N MIAMI AVENUE	1.3 STREET ADDRESS	900055989679
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	06/10/05--01002--022 **\$612.50
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRIE, DAHLIA	2.2 NAME	
STREET ADDRESS	5722 N MIAMI AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JAMES	3.2 NAME	
STREET ADDRESS	5722 N MIAMI AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dahlia Myrie DATE: 5/11/05 (305) 693-0611

CR2E037 (1/1/98)