

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

05 JUN -2 PM 8:25

RECEIVED
DATE 06/10/05



REINSTATEMENT 99-05

W05000025896

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/11/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2450377	
Country		Country		Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired				8.75 Additional Fee Required	
6. Election Campaign Financing				5.00 May Be Added to Fees	
Trust Fund Contribution					

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 City
84 City
85 Zip Code

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 **JAMES TAYLOR (PRESIDENT)**

5/30/05
DATE

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	900055989679
STREET ADDRESS	5722 N MIAMI AVENUE	1.3 STREET ADDRESS	06/10/05--01002--022 **612.50
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
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* **Dahlia Myrie** *5/11/05* **(305) 693-0611**

0029095

CR2E037 (1/98)