2007 NOT-FOR-PROFIT CORPOFATION ANNUAL REPORT

DOCUMENT # N06000009716

1. Entity Name
THE APOSTLE CHURCH OF JESUS CHRIST INCORPORATED



FILED Apr 12, 2007 8:00 am Secretary of State

04-12-2007 90047 001 ****70.00

Principal Place of Business
3211 NW 12TH PLACE
FT LAUDERDALF EL 33311

Mailing Address 3211 NW 12TH PLACE FT LAUDERDALE, FL 3331

FT LAUDERDALE, FL 33311			FT LAUDERDALE, FL 33311						À And Ceann Ceannaig		ACI AI IIXI	
2. Principal Place of Business - No P.O. Box # 3. N			3. Mai	I. Mailing Address								
Suite, Apt. #, etc. Si			Su	Suite, Apt. #, etc.			01102007	Chg-NP	CR2E0	37 (12/06)		
City & State			Cir	City & State			4. FEI Number		-		plied For	
Zip Country Zip			ρ	Country			of Status Desired		\$8.75 Add			
6. Name and Address of Current Registered Agent							7. Name and /	Address of New I	Registered		<u>, </u>	
						Name			*****			
SMITH,JR., HODGES 3211 NW 12TH PLACE					ļ	Street Address (P.O. Box Number is Not Acceptable)						
FT LAUDE					ı	0110017100.0	33 (1.0. DOX HULLDON	13 Hot / Wouphau	· · · · · · · · · · · · · · · · · · ·			
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		•			ļ	City			FL	Zip Code	э	
	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 obligat	ions of regist	ered agent.										
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if app	plicable. (NOTE	: Registere	d Agent signature req	quired 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	\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		OFFICERS AND DIF	RECTORS	i	11.		ADDITIONS/CHA	NGES TO OFFICE	ERS AND D	IRECTORS IN	10	
TITLE	PD			☐ Delete	TITLE	1		· 	_	☐ Change	Addition	
NAME CORRECT ADDRESS		R, ERNEST MILLER			NAM							
STREET ADDRESS CITY-ST-ZIP		OD STREET OOD, FL 33020				ET ADDRESS -ST-ZIP						
	VPD	JOD, 1 L 33020			TITLE					Change	☐ Addition	
TITLE NAME	–	R., HODGES		☐ Delete	NAME					☐ Change	☐ Addition	
STREET ADDRESS		12TH PLACE				ET ADDRESS						
CITY-ST-ZIP	FT LAUDI	ERALE, FL 33311				-ST-ZIP						
TITLE	Т			☐ Delete	TITLE					☐ Change	Addition	
NAME	STARKE,	IRA LEE			NAMI	ε					_	
STREET ADDRESS		DD STREET				ET ADDRESS						
CITY-ST-ZIP		OOD, FL 33020				-ST-ZIP						
TITLE	S	MOUATI M		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME CTREET ANDRECC												
STREET ADDRESS CITY-ST-ZIP	WALKER,				NAMI	1						
	2332 HOC	DD STREET			STRE	ET ADORESS						
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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:

OLOS LMITH HOOGES

HONTINE MAD TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

SMITH JR

4/1/07 (954) 584-7955