2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State
05-09-2005 90292 026 ****61.50

DOCUMENT # N22919

1. Entity Name
THE APOSTOLIC CHURCH OF JESUS OF TARPON SPRINGS IN UNITY, INC.

Principal Place of Business	Mailing Address
541 E. LIME STREET TARPON SPRINGS, FL 34689	541 E. LIME STREET TARPON SPRINGS, FL 34689

50050825

05022005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2878936
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAHAN, JOHN A, ESQUIRE
536 E TARPON AVE, #3
TARPON SPRINGS, FL 34689

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	WRIGHT, MAGGIE L
STREET ADDRESS	541 EAST LIME STREET
CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE	D
NAME	FULLER, MATTIE
STREET ADDRESS	711 NORTH AVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D
NAME	HUDSON, PATSY
STREET ADDRESS	312 EAST BOYER STREET
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: Maggie L Wright 5-2-04 942-6198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #