

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N22919

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



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

Mailing Address
**541 E. LIME STREET
TARPON SPRINGS, FL 34689**



03142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

000000572482
07/27/06-80005-022 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
WRIGHT, MAGGIE L
541 EAST LIME STREET
TARPON SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FULLER, MATTIE
711 NORTH AVE
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUDSON, PATSY
312 EAST BOYER STREET
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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IN THIS SPACE**

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: *Maggie Hamilton Wright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-06
Date

Daytime Phone #