## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97; \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

STREET ADDRESS

CITY-ST-ZIP

FILED Sep 22 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # N24383 GLORIOUS CHURCH OF THE LORD JESUS CHRIST OF THE APOSTOLIC FAITH, INC. Principal Place of Business Mailing Address 213 E. 6TH ST P O BOX 2819 JACKSONVILLE FL 32206 JACKSONVILLE FL 32203 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 01/15/1988 12/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3015914 213 E. 6th. STREET 26 P. Not Applicable O. BOX 2819 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 风 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees JACKSONVILLE JACKSONVILI  $\mathbf{F}\mathbf{L}_{\mathbf{a}}$ FL. Country This corporation owes or has paid the current year Intangible 32203 32206 DUVAL DUVAL Yes ☐ No 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BOWSER, APOSTLE J.H. SR Street Address (P.O. Box Number is Not Acceptable) 82 1625 N. MARKET ST 83 JACKSONVILLE FL 32206 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE 1.1 TITLE BOWSER, APOSTLE J.H. SR 12 NAME NAME 1625 N. MARKET ST STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32206 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE HILL, ELDER R.W. NAME 2.2 NAME 950 12TH ST STREET ADDRESS 2.3 STREET ADDRESS **NEWPORT NEWS VA 23607** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **BOWSER, FRANCES M** 3.2 NAME NAME 617 49TH ST 3.3 STREET ADDRESS STREET ADDRESS **NEWPORT NEWS VA 23607** 3.4. CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE TERRELLIO, JAMES H NAME 4. 2 NAME 1625 N. MARKET ST STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32206 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Acidition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. I do 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. MALICIANA CHULE DECLUMENTOS 11. 10 07

**6.3 STREET ADDRESS** 6.4 C(TY-ST-Z)P