FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

THE TRUE LIVING CHURCH OF APOSTOLIC FAITH, INC

120 MAN DIDEN STOET 14120 MAN DIDEN STOE	JU VAN BUREN STREET	MIAMI FL 33176-6337
	30 VAN BUREN STREET	14130 VAN BUREN STREE

FILED May 20 1997 8:00am Secretary of State

Principal Place	e of Business	Mailing Address		•						
14130 VAN BUR MIAMI FL 33176		14130 VAN BUREN STE MIAMI FL 33176-6337	REET							
				_			3. Date Incorporated or Qualifie 03/28/1988	d 3a. [06/14/19	eport 96
2. Principal P	lace of Business	2a. Mailing Address 26					4. FEI Number NOT APPLICABLE			oplied For of Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	(X)		Additional equired
City & State	8	City & State					Election Campaign Financing Trust Fund Contribution	Ø	\$5.00 Added	
Zip	Country 25	Zip 29	Co	untry			This corporation has liability f Florida Statutes			. 199,032,
	9. Name and Address of Curren		1001	1			10. Name and Address of New	Registered	Agent	
	A LABORATOR AND A LABORATOR AN			81	Nam	Ð			·	······································
KITCHEN				62	Stree	et Addre	ss (P.O. Box Number is Not Accep	table)		
MIAMI FI	AN BUREN STREET L 33176			83						
				84	City			FI		Code
11. Pursuant office or r agent. La	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obligi	l2 and 617.1508, Florida St of Florida. Such change w ations of, Section 617.0503	atutes, the a as authorize , Florida Sta	above ed by atutes	-name the co	d corpo orporatio	ration submits this statement for thin's board of directors. I hereby ac-	e purpose cept the ap	of changing it pointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered age						when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS AN		13.				ADDITIONS/CHANGES TO OF		D DIRECTOR	RS IN 12
TITLE	D	DELETE		TITLE		···T		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	KITCHEN, VIRGINIA			NAME						
STREET ADDRESS	14130 VAN BUREN STREET				ADDRES	s				
CITY-ST-ZIP	MIAMI FL 33176		- 1	CITY-S		1				
TITLE	D	DELETE		TITLE	, - 1,	_			Change	Addition
NAME	KITCHEN, JOHN			NAME					•	~ -
STREET ADDRESS	14130 VAN BUREN STREET				ADDRES	s				
CITY - ST - ZIP	MIAMI FL 33176			CITY-S						
TITLE	D	DELETE		TITLE		—			Change	Addition
NAME	HARRIS, VORONICA		3.2	NAME						
STREET ADDRESS	14130 VAN BUREN STREET		3.3 9	STREET	ADDRES	s [ĺ
City-St-ZiP	MIAMI FL 33176		3.4.	CITY-S	ST-ZIP					
TITLE		DELETE	4.1 1	TITLE					Change	Addition
NAME			4. 2	NAME						
STREET ADORESS			4.3 9	STREET	ADDRES	s				
CITY-ST-ZIP			4.4 (CITY-S	T-ZIP					
TITLE		☐ DELETE	5.11	TITLE					Change	Addition
NAME			5.21	NAME						
STREET ADDRESS			5.3 9	STREET	ADDRES	s				
CITY - ST - ZIP				CITY-S	T-ZIP					
TIME		☐ DELETE	6.1 1	TITLE					Change Change	Addition
NAME			6.21	NAME						
STREET ADDRESS			6.3 5	STREET	ADDRES	s				}
CITY - ST - ZIP		_	6.4 (CITY-S	T-ZIP					

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 eath; 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 own an attachment with an address.