2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2007 8:00 am DOCUMENT # N25642 **Secretary of State** 1. Entity Namo 03-08-2007 90016 030 ****70.00 THE TRUE LIVING CHURCH OF APOSTOLIC FAITH, Principal Place of Business Mailing Address 14130 VAN BUREN STREET MIAMI FL 33176 14130 VAN BUREN STREET MIAMI FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KITCHEN, JOHN Street Address (P.O. Box Number is Not Acceptable) 14130 VAN BUREN STREET **MIAMI FL 33176** City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) / Mignature, typed or printed name of registered agent and title FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete Change ☐ Addition THEE HIII NAME KITCHEN, VIRGINIA NAMI STREET ADDRESS SHILLLADORESS 14130 VAN BUREN STREET CHY-ST-7/P MIAMI FL 33176 CHY ST ZIP TIME D ☐ Delete 11111 ☐ Change Addition KITCHEN, JOHN STREET ADDRESS SIDECT ADDRESS 14130 VAN BUREN STREET CHY SL-ZIP MIAMI FL 33176 CHY ST- ZIP THILL ☐ Delete DITE ☐ Change ☐ Addition NAME NAME HARRIS, VORONICA CIRCULADORESS 14130 VAN BUREN STREET amir recultura: CHY ST ZIP CHY-ST-ZIP MIAMI FL 33176 ☐ Addition ☐ Delete □ Change NAME NAME STREET ADDRESS STRUCTADORESS CITY-ST-ZIP CITY ST ZIP Delete Addition THLE THILL ☐ Change NAME NAMI STREET ADDRESS SIDELLADORESS CITY-ST-ZIP CHY-ST-ZIP BHE ☐ Delete 11111 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-ZIP

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12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Tolkhur V/T John Kitchen 2/16/07 365-232-1506