


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90041 001 ****61.25
 01-29-2004 90041 002 *****8.75

DOCUMENT # N33177

1. Entity Name
JESUS SAVES THRU FAITH PENTECOSTAL APOSTOLIC CHURCH, INC.



Principal Place of Business Mailing Address

4711 N. 22ND ST.
 C/O ADRIAN M SHAW, JR.
 TAMPA FL 33610
 US

3110 N YBOR STREET
 C/O ADRIAN M SHAW, JR.
 TAMPA FL 33605
 US

2. Principal Place of Business 3. Mailing Address

4711 N. 22nd St. 3110 N. Ybor St.

Suite, Apt. #, etc. Suite, Apt. #, etc.

Tampa, Florida 33610 Tampa, Florida

City & State City & State



MOORE CR2E037 (11/03)

4. FEI Number 59-2920967

Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country Hillsborough 33605 Hillsborough

6. Name and Address of Current Registered Agent

SHAW, ADRIAN M.
 3403 12TH STREET
 TAMPA FL 33605

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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: *Adrian M. Shaw Jr.* DATE: *Jan. 26, 2004*

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D SHAW, ADRIAN M. JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, ADRIAN M. JR.	NAME	
STREET ADDRESS	3403 12TH ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	D SHAW, BARBARA B. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, BARBARA B.	NAME	
STREET ADDRESS	3110 N. YBOR STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	D SHAW, CHRISTINE D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, CHRISTINE D	NAME	
STREET ADDRESS	3403 12TH STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	S MCDUFFIE, CAROLYN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDUFFIE, CAROLYN	NAME	
STREET ADDRESS	2212 MLK BLVD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	CITY-ST-ZIP	
TITLE	JORDAN, THOMAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, THOMAS	NAME	
STREET ADDRESS	1512 BIRD ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Barbara B. Shaw* *Barbara B. Shaw* *Jan. 26, 2004* *(813) 248-0043*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #