

FILE NOW: FILING FEE IS \$61.25

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Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45409 (2)

1. Corporation Name
THE APOSTOLIC CHURCHES OF THE WORLD, INC.



Principal Place of Business 20515 NW 33RD COURT MIAMI FL 33056	Mailing Address 20515 NW 33RD COURT MIAMI FL 33056-1345
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3. Date Incorporated or Qualified 10/01/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0305787	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 21	26. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

BARBER, MARY J
20515 NW 33RD COURT
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** **85** Zip Code

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

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	BARBER, LONNIE J
STREET ADDRESS	20515 NW 33RD COURT
CITY - ST - ZIP	MIAMI FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	WADE, CYNTHIA
STREET ADDRESS	7230 NW 44TH AVE
CITY - ST - ZIP	OCALA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	VICKERS, DELORES
STREET ADDRESS	2905 SW 15TH ST
CITY - ST - ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BRINSON, CATHERINE
STREET ADDRESS	13801 MADISON ST
CITY - ST - ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	INGRAM, ABRAHAM
STREET ADDRESS	1272 STONEWALL STREET
CITY - ST - ZIP	BRUNSWICK GA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Secretary Marie Webster
2.3 STREET ADDRESS	13801 Madison St.
2.4 CITY - ST - ZIP	Miami, Fla. 33176
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Director Robert Charles Graham
3.3 STREET ADDRESS	613 Houston Street
3.4 CITY - ST - ZIP	Mobile, Ala. 36606
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Charles Ted Folsom Sr.
4.3 STREET ADDRESS	2464 Rodman St.
4.4 CITY - ST - ZIP	Hollywood, Fl. 33020
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director George L. Byrd Jr.
5.3 STREET ADDRESS	4540 NW 36 St. Apt. 411
5.4 CITY - ST - ZIP	Lauderdale Lakes, Fl. 33319
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 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.

SIGNATURE *Lonnie J Barber*

CR2E037 (9/96)