

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 PM 12: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49126 (8)

1. Corporation Name

**CHURCH OF JESUS CHRIST PENTECOSTAL ASSEMBLIES OF
APOSTOLIC FAITH INC**

Principal Place of Business

Mailing Address

28 W 8TH ST
JACKSONVILLE FL 32205

3931 TOWHEE LN
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/29/1992	3a. Date of Last Report 06/27/1994
4. FEI Number 59-3136535	Applied For <input checked="" 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **3931 TOWHEE LANE**

23 City & State

27 City & State

24 Zip

25 Country

28 **JACKSONVILLE FL**

29 Zip

30 Country

24

25

29 **32207-6136**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLETCHER, JOE L
3931 TOWHEE LN
JACKSONVILLE FL 32207-6136**

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 607.0502 and 607.1505, 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 607.0505, Florida Statutes.

SIGNATURE Joe L Fletcher JOE L. FLETCHER 4-13-95
(Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reappointing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODFORK, ODETHA	1.2 NAME	
STREET ADDRESS	3230 BREVE DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32209	1.4 CITY - ST - ZIP	
TITLE	TT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, DOROTHY	2.2 NAME	
STREET ADDRESS	3931 TOWHEE LN.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32207	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, BERNARD	3.2 NAME	
STREET ADDRESS	3242 FITZGERALD ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32205	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, JOE	4.2 NAME	
STREET ADDRESS	3931 TOWHEE LN.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32207	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption attached in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joe L Fletcher JOE L. FLETCHER 4-13-95 (904) 978-7875
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)