## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N49126

(8)

DOCUMENT #

1. Corporation Name CHURCH OF JESUS CHRIST PENTECOSTAL ASSEMBLIES OF APOSTOLIC FAITH INC.

APOSTOLIC FAITH INC						<u> </u>			
Principal Place	of Business	Mailing Address				1 interier que grans raias unique trava-	A141 E1611 A1811		
28 W 8TH ST JACKSONVILL		3931 TOWHEE LANE JACKSONVILLE FL 32207-6136							
		US				<ol> <li>Date Incorporated or Qualified 05/29/1992</li> </ol>	1 0	of Last I 5/01/1	995
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number 59-3136535	Applied For Not Applicable		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		••	•	5. Certificate of Status Desired			Additional Required
City & State		City & State	<del></del>			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24	25 29 3 9. Name and Address of Current Registered Agent		30	)		Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	ent Hegistered Agent		81	Name	70. 110.110			
FLETCH	ER, JOE L.			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	<u></u> <u></u>	
	WHEE LN		83			<u> </u>		····	
JACKSO	ONVILLE FL 32207-6136			-	63.			85 Z4	Code
	7			84			FL		
				corp	named corpo oration's boa	oration submits this statement for the pur ard of directors. I hereby accept the appr	pose of cha pintment as	nging its r registered	agent. I am
familiar wi	ith, and accept the obligations of, se	Clidif O 17,0300, 1 londa Claratos	ETCH	_				9-96	
SIGNATURE	Agnature, typed or printer arms of registered age	ent and title if applicable (NO	TE: Flagistere	d Age	nt signature requir	red when reinstating)	DATE	DIDECTO	DC IN 12
12.	OFFICERS A	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFF		Change	Addition
TTLE	ST	DEFELE							<u></u>
NAME	WOODFORK, ODETHA			1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	3230 BREVE DR.		1.4 CiTY-						
CITY-S1-ZIP	JACKSONVILLE FL 32209			2.1 TITLE				Change	Addition
TULE NAMÉ	FLETCHER, DOROTHY		2.2	2.2 NAME					
STREET ADDRESS	3931 TOWHEE LN.		2.3 STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32207	2 4 CITY-ST-ZIP					Change	Addition	
TITLE	T □ DELETE			31 TITLE				CHRUNGS	
NAME	FLETCHER, BERNARD			NAME					
STREET ADDRESS					ET ADDRESS				
CITY-S1-ZIP	JACKSONVILLE FL 32205	□ DELETE	34.    DELETE   4.1		-ST-ZIP	<del>2000017</del> -03/18/9601 ***61.25	462	Chrance	Addition
TITLE	FIETOUED INE	E_JOCCETE	4. 2 NAI		j	-03/18/9601	UZ40	19	
NAME CAUSES ADDOSES	FLETCHER, JOE 3931 TOWHEE LN.				ET ADDRESS	***b1.25			
STHEFF ADDRESS	JACKSONVILLE FL 32207			4.4 DITY-ST-ZIP					
CHY-ST-ZIP	AMOUNT I AREA	DELETE	51111			-		☐ Change	Addition
NAME			5.2	NAME	Ε				
STREET ADDRESS			5.3	STRE	ET ADORESS				
CITY-ST-ZIP		ping = - are			- ST - ZIP			Change	Addition
TITLE		DELETE		TITLE				- Sucrigo	
NAME				MAN!					
STREET ADDRESS	5		i ii		ET ADDRESS				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND APPROPRIATED WATER OF

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