FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49126

(8)

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 LANE JACKSONVILLE FL 32207-813	96		
		US		3. Date Incorporated or Qualified 05/29/1992	3a. Date of Last Report 03/15/1996
	lace of Business	2a. Mailing Address		4. FEI Number 59-3136535	Applied For Not Applicable
Suite, Apt.	#, øtc.	Suite, Apt. #, etc.	······		\$8.75 Additional
22	***************************************	27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25		30		Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Reg	gistered Agent
ELETCHE	R, JOE L.			(50 5 N. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	la V
	WHEE LN		62 Street Add	Iress (P.O. Box Number is Not Acceptab	16)
	WILLE FL 32207-8138		83		
			84 City	······································	85 Zip Code
44 Durayant	to the exculsions of Continue 617 OF	02 and 617 1500 Florida Statute	c. the shows nemed ser	poration submits this statement for the p	FL so zip code
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized by the corpora	tion's board of directors. I hereby accep	the appointment as registered
	m familiar with, and accept the oblig	pations of, Section 617.0503, Flo	ilida Sialules.		•
SIGNATURE	Signature typed or printed name of registered ag		: Registered Agent signature requ		DATE
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME	WOODFORK, ODETHA	bettie	1.2 NAME		
STREET ADDRESS	3230 BREVE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209		1.4 CITY - ST - ZIP		
TITLE	Π	☐ DELETE	2.1 YITLE		Change Addition
NAME	FLETCHER, DOROTHY		2.2 NAME		
STREET ADDRESS City-St-Zip	3931 TOWHEE LN. JACKSONVILLE FL 32207		2.3 STREET ADDRESS 2. 4 City-St-Zip		
TITLE	T	DELETE	3.1 TITLE	······································	Change
NAME	FLETCHER, BERNARD		3.2 NAME	010. 0	
STREET ADDRESS	3242 FITZGERALD ST.		3.3 STREET ADDRESS	983 O'Riely Drive Jacksonville, Fc	
CITY-ST-ZIP	JACKSONVILLE FL 32205	☐ DELETE	34. CiTY-ST-ZIP C	Achsanville, FC	☐ Change ☐ Addition
TITLE NAME	FLETCHER, JOE	□ berei€	4. 2 NAME		Citaine Ci rociitori
STREET ADDRESS	3931 TOWHEE LN.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - S1 - ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	,		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - S1 - JIP			6.4 CiTY - ST - 7/P		

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

SIGNATURE AND YYPED ON PRINTED NAME OF BRONING OFFICER ON DIRECTOR

5-5-97 (904) 348-7875

FILED

May 19 1997 8:00am

Secretary of State

Devtime Prione #0004024