

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N49126 (8)**

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



|   |  |
|---|--|
| Principal Place of Business<br><b>28 W 8TH ST<br/>JACKSONVILLE FL 32205</b> | Mailing Address<br><b>3931 TOWHEE LANE<br/>JACKSONVILLE FL 32207-6136<br/>US</b> |
|---|--|

|  |   |
|--|---|
| 3. Date Incorporated or Qualified<br><b>05/29/1992</b>   | 3a. Date of Last Report<br><b>03/15/1996</b>                      |
| 4. FEI Number<br><b>59-3136535</b>   | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                             |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                                |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip Country                | 28. Zip Country         |
| 24. Zip                        | 29. Zip                 |
| 25. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|  |
|--|
| 81. Name   |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.  |
| 84. City   |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

3983 O'Riely Drive  
Jacksonville, FL

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: *Joe L Fletcher* **REQUIRED** Date: **5-5-97** (904) **398-7875** Daytime Phone #0004924

CR2E037 (9/96)