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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 LANE
JACKSONVILLE FL 32207-6136
US**

3. Date Incorporated or Qualified
05/29/1992

4. FEI Number

59-3136535

Applied For

Not Applicable

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

25

29

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **ST
WOODFORK, ODETHA**
STREET ADDRESS **3230 BREVE DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TT
FLETCHER, DOROTHY**
STREET ADDRESS **3931 TOWHEE LN.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **T
FLETCHER, BERNARD**
STREET ADDRESS **3983 O'RIELY DR**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **P
FLETCHER, JOE**
STREET ADDRESS **3931 TOWHEE LN.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-252-1227

CP2E037 (10/97)