

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008 8:00 am
Secretary of State

07-03-2008 90014 021 ****62.00

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1. Entity Name
THE UNITED APOSTOLIC CHURCH OF JESUS, INC.



Principal Place of Business
5101 NORTH 34TH STREET
TAMPA, FL 33610

Mailing Address
5101 NORTH 34TH STREET
TAMPA, FL 33610

DO NOT WRITE IN THIS SPACE

70100100



06132008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3395642

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODARD, MICHAEL L
5101 NORTH 34TH STREET
TAMPA, FL 33610

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOODARD, MICHAEL L
5101 NORTH 34TH STREET
TAMPA, FL 33610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOODARD, ANTHA M
5101 NORTH 34TH STREET
TAMPA, FL 33610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOODARD, WACHENIE
5101 NORTH 34TH STREET
TAMPA, FL 33610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

6-24-08 Day or Night