


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000002694	
1. Entity Name WORD OF FAITH OF THE APOSTOLIC CHURCH, INC.	

Principal Place of Business 3202 22ND MYRTLE AVE JACKSONVILLE, FL 32209	Mailing Address P.O. BOX 9402 JACKSONVILLE, FL 32208
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04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3128953	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, GERALD A 3528 BRAN CT. W. JACKSONVILLE, FL 32211

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000112971 04/14/04-80044-012 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JR., GERALD ANTHONY 8634 SAN LANDO AVENUE JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, GERALD 3528 BRAN CT. JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBLER, ALTON 2442 WYLENE ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, GAIL 3528 BRAN CT W JAX, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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: <u>Gerald A. Williams</u> GERALD A. WILLIAMS	Pastor	4/14/04	(904) 358-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #