



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90024 001 ****70.00

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		
2. Principal Place of Business 3202 22nd Myrtle Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 9402 Suite, Apt. #, etc.			
City & State Jacksonville Fla		City & State Jacksonville Fla		4. FEI Number 59-3128953	
Zip 32209		Country Duval		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			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 <u>GERALD A. Williams</u> <u>Pastor</u> <u>5/25/05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME WILLIAMS, JR., GERALD ANTHONY STREET ADDRESS 8634 SAN LANDO AVENUE CITY - ST - ZIP JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME WILLIAMS, GERALD STREET ADDRESS 3528 BRAN CT. CITY - ST - ZIP JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME TOBLER, ALTON STREET ADDRESS 2442 WYLENE ST CITY - ST - ZIP JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME WILLIAMS, GAIL STREET ADDRESS 3528 BRAN CT W CITY - ST - ZIP JAX, FL 32211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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> <u>5/25/05</u> <u>358-6722</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					