

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000002694 1. Entity Name WORD OF FAITH OF THE APOSTOLIC CHURCH, INC.	
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Principal Place of Business 3202 22ND MYRTLE AVE JACKSONVILLE, FL 32209	Mailing Address P.O. BOX 9402 JACKSONVILLE, FL 32208
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DO NOT WRITE IN THIS SPACE



04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3128953	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$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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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 (Use if applicable) (NOTE: Registered Agent signature required when reinstating)	DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	U00000522652 05/03/06-80038-008 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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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: <u><i>Gerald A. Williams</i></u> <u><i>Gerald A. Williams</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	904-358-6722 Daytime Phone