


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90051 007 \*\*\*\*61.25

0077563

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N93000003792**

1. Corporation Name  
**THE APOSTLES FAITH HOLINESS CHURCH OF JESUS CHRI  
 ST, INC.**

Principal Place of Business 1830 W MAXWELL STREET PENSACOLA FL 32501	Mailing Address 1830 W MAXWELL STREET PENSACOLA FL 32501
--	--



2. Principal Place of Business 21 1917 N. S. ST. Suite, Apt. #, etc. 22	2a. Mailing Address 26 1917 N. S. ST. Suite, Apt. #, etc. 27	3. Date incorporated or Qualified 08/23/1993
23 City & State PENSACOLA FL	28 City & State PENSACOLA FL	4. FEI Number 59-3198212 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
24 Zip 32505	25 Country FLORIDA	29 Zip 32505
30 Country FLORIDA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent MCKENZIE, ELDER R.L. 1830 W. MAXWELL ST. PENSACOLA FL 32501	10. Name and Address of New Registered Agent 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 R.L. McKenzie (Elder) DATE 3-29-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES M. HARRIS	1.2 NAME	
STREET ADDRESS	5332 SPRINGHILL DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINNIEFIELD, DAISEY	2.2 NAME	
STREET ADDRESS	102 FAIRFAX RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCKTON, IDELL	3.2 NAME	
STREET ADDRESS	12 FLECT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN LYONS	4.2 NAME	
STREET ADDRESS	4486 MONTCLAIRE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY SAPP	5.2 NAME	
STREET ADDRESS	913 W SCOTT ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: R.L. McKenzie (Elder) DATE 3-29-99 DAYTIME PHONE # 8604334941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (11/98)