

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90119 011 \*\*\*\*61.25

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**DOCUMENT # N94000000557**

1. Corporation Name

**NEW FAITH HOLY MISSION APOSTOLIC CHURCH OF JESUS  
CHRIST, INC.**

Principal Place of Business

1602 W. 31ST STREET  
JACKSONVILLE FL 32209-3855

Mailing Address

1602 W. 31ST STREET  
JACKSONVILLE FL 32209-3855

14/023-90119-11



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/26/1994

4. FEI Number

59-3227274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**DUNNAM, LOTTIE M**  
1602 W. 31ST STREET  
JACKSONVILLE FL 32209

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DPT**  
STREET ADDRESS **DUNNAM, LOTTIE M**  
CITY-ST-ZIP **5537 KANKAKEE BLVD.**  
**JACKSONVILLE FL 32205**

TITLE ☐ DELETE  
NAME **DS**  
STREET ADDRESS **LLOYD, LESLIE T**  
CITY-ST-ZIP **1617 CHATHAM ROAD**  
**JACKSONVILLE FL 32208**

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **CURTIS, CLASSIE M**  
CITY-ST-ZIP **2235 W. 16TH STREET**  
**JACKSONVILLE FL 32209**

TITLE ☐ DELETE  
NAME **DAS**  
STREET ADDRESS **LLOYD, GEARLDINE**  
CITY-ST-ZIP **1858 BROADWAY AVE.**  
**JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **CRUTCHFIELD, ALBERT**  
CITY-ST-ZIP **1310 W. 31ST ST**  
**JACKSONVILLE, FL 32209**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/99 3555864

Date

Daytime Phone #

CR2E037 (11/98)