


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90256 030 \*\*\*\*61.25

<b>DOCUMENT # N94000000557</b>	
<b>1. Entity Name</b>	
NEW FAITH HOLY MISSION APOSTOLIC CHURCH OF JESUS CHRIST, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
1602 W. 31ST STREET JACKSONVILLE FL 32209-3855	1602 W. 31ST STREET JACKSONVILLE FL 32209-3855

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b>	<b>Applied For</b>
59-3227274	Not Applicable
<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	

<b>6. Name and Address of Current Registered Agent</b>
DUNNAM, LOTTIE M 1602 W. 31ST STREET JACKSONVILLE FL 32209

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	DPT
<b>STREET ADDRESS</b>	DUNNAM, LOTTIE M
<b>CITY-ST-ZIP</b>	5537 KANKAKEE BLVD. JACKSONVILLE FL 32205
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	DS
<b>STREET ADDRESS</b>	LLOYD, LESLIE T
<b>CITY-ST-ZIP</b>	1617 CHATHAM ROAD JACKSONVILLE FL 32208
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	DAS
<b>STREET ADDRESS</b>	LLOYD, GEARLDINE
<b>CITY-ST-ZIP</b>	1858 BROADWAY AVE. JACKSONVILLE FL
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	D
<b>STREET ADDRESS</b>	CRUTHFIELD, ALBERT
<b>CITY-ST-ZIP</b>	1310 W. 31ST STREET JACKSONVILLE FL 32207
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Lottie Mae Dunnam Lottie Mae Dunnam Pastor 3/14/06 904-3872496*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_