


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N94000001682 1. Entity Name <b>THE HIGHWAY APOSTLE FAITH CHURCH OF JESUS CHRIST, INC.</b>	
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Principal Place of Business 701 NORTH 13TH STREET FORT PIERCE, FL US	Mailing Address 701 NORTH 13TH STREET FORT PIERCE, FL 34950 US
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01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0563403	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, D.H.  
 701 NORTH 13TH STREET  
 FT. PIERCE, FL 34590

**DO NOT WRITE 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 re-registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALKER, D.H. 701 NORTH 13TH STREET FT. PIERCE, FL 34902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOWARD, MARY 1541 NW 33RD TERR FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BROWN, LEONARD 1277 NW 56 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALKER, ANNETTE 560 EAST CAMPUS CIR FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWARD, FELTON 1541 NW 33 AVE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000224076  
 02/10/05-80070-008 61.25

**DO NOT WRITE IN THIS SPACE**

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: *\* [Signature]* 1-28-05 772 489 5543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #