2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

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Entity Name: THE FIRST APOSTOLIC ASSEMBLY OF JESUS CHRIST, INC.

Current Principal Place of Business:

477 SOUTH BARFIELD HIGHWAY
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

120 MIRAMAR AVE
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-0581708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, LINDA M
120 MIRAMAR AVE
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HARRIS, EDWARD A	
Address:	430 N COCONUT RD	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	VD	( ) Delete
Name:	HARRIS, MESHACH B	
Address:	436 SAGO COURT	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	ASD	( ) Delete
Name:	HARRIS, SARAH R	
Address:	430 N COCONUT RD	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	DT	( ) Delete
Name:	BARR, VALRIE M	
Address:	781 PALM BLVD.	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	SD	( ) Delete
Name:	JONES, LINDA M	
Address:	120 MIRAMAR AVE	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	
Title:	D	( ) Delete
Name:	BONNER, ANTHONY	
Address:	509 WEST EPASO AVENUE	
City-St-Zip:	CLEWISTON, FL 33440	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA M. JONES SD 04/30/2005

Electronic Signature of Signing Officer or Director — Date