

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 24 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **N95000000073 (5)**

1. Corporation Name

THE CHURCH OF THE LORD JESUS CHRIST OF THE APOSTLES AND PROPHETS, FAITH, INC (GAINESVILLE FLA)

Principal Place of Business

Mailing Address

**4952 ST. AUGUSTINE RD
TALLAHASSEE FL 32311**

**4952 ST. AUGUSTINE RD
TALLAHASSEE FL 32311**

3. Date Incorporated or Qualified
01/06/1995

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-3290809

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUTLER, JOHN L JR.
3582 SUNDOWN ROAD
TALLAHASSEE FL 32310**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BUTLER, JOHN L JR.**
STREET ADDRESS **3582 SUNDOWN ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **200002154252--5**
1.3 STREET ADDRESS **-04/25/97--01001-018**
1.4 CITY-ST-ZIP *******210.00 *****70.00**

TITLE **T** ☐ DELETE
NAME **WILSON, JAMES**
STREET ADDRESS **4318 WINDY PINE CT**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **GILMORE, RICKY O**
STREET ADDRESS **RT 32 BOX 540**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **JOHNSON, RAINEY**
STREET ADDRESS **4952 ST. AUGUSTINE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **ALLEN, FREDDIE L**
STREET ADDRESS **524 N.W. 3RD COURT**
CITY-ST-ZIP **HALLANDALE FL 33009**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Rocella A Jones**
5.3 STREET ADDRESS **5522 Plunkett St**
5.4 CITY-ST-ZIP **Hollywood, Florida**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: **John L. Butler** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-97

Date

942-0320

Daytime Phone # 0077480

CR2E037 (9/96)