

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 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N95000000074 (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

4952 ST. AUGUSTINE ROAD
TALLAHASSEE FL 32311

4952 ST. AUGUSTINE ROAD
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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 300002154253-2
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 ALLEN, FREDDIE L
STREET ADDRESS 524 N.W. 3RD COURT
CITY-ST-ZIP HALLANDALE FL 33009

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Rosella A Jones
4.3 STREET ADDRESS 5522 Plunkett
4.4 CITY-ST-ZIP Holly Wood, Florida

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

4-13-97 942-0320

Date

Daytime Phone # 0077461

CR2E037 (9/96)