

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED

96 APR 15 AM 9:38

DOCUMENT # **N95000000075 (0)**
1. Corporation Name

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



Principal Place of Business Mailing Address
3582 SUNDOWN ROAD TALLHASSEE FL 32310

3. Date Incorporated or Qualified **01/06/1995** 3a. Date of Last Report

2. Principal Place of Business 21 4952 St. Augustine Rd Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 59-3290809	Applied For Not Applicable
22 City & State Tallahassee, Florida	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 32311 Country U.S.A.	28 Zip 32311 Country U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BUTLER, JOHN L. JR.
3582 SUNDOWN ROAD
TALLHASSEE FL 32310**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
300001780323
83 **-04/15/96--01039--008**
84 City *****210.00 FL ***66.00**

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Elder John L. Butler
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	3582 SUNDOWN RD
TITLE <input type="checkbox"/> DELETE	NAME	1.3 STREET ADDRESS	Tallahassee, Florida 32310
STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Trustee
TITLE <input type="checkbox"/> DELETE	NAME	2.2 NAME	Decon James Wilson
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	4318 WINDY PINE CT
TITLE <input type="checkbox"/> DELETE	NAME	2.4 CITY-ST-ZIP	TALLHASSEE FL 32310
STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	Trustee
TITLE <input type="checkbox"/> DELETE	NAME	3.2 NAME	Ricky O. Gilmore
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	RT 32 BOX 540
TITLE <input type="checkbox"/> DELETE	NAME	3.4 CITY-ST-ZIP	TALLHASSEE, FL 32311
STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	Trustee
TITLE <input type="checkbox"/> DELETE	NAME	4.2 NAME	RAYNEY JOHNSON
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4952 ST. AUGUSTINE RD
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP	TALLHASSEE, FL 32311
STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TRUSTEE
TITLE <input type="checkbox"/> DELETE	NAME	5.2 NAME	FREDDIE L. ALLEN
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	524 N.W. 3rd CT
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY-ST-ZIP	HALLANDALE, FL
STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME	6.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE *John L. Butler* Date **4-15-96** Daytime Phone # **942-0320**

CR2E037 (12/95)

NSP 4/15/96