

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 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000075 (0)

1. Corporation Name

THE CHURCH OF THE LORD JESUS CHRIST OF THE APOSTLES AND PROPHETS, FAITH, INC (TALLAHASSEE 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  
04/15/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-3290809

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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  
NAME BUTLER, JOHN L  
STREET ADDRESS 3582 SUNDOWN ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32310

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition  
100002154251--8  
-04/25/97--01001--018  
\*\*\*\*\*210.00 \*\*\*\*\*78.00

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

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

Change  Addition

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

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

Change  Addition

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

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

Change  Addition

TITLE T  
NAME ALLEN, FREDDIE L  
STREET ADDRESS 524 N.W. 3RD CT.  
CITY-ST-ZIP HALLANDALE FL

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

Change  Addition  
Rosella A Jones  
5522 Plunkett, ST  
Hollywood, Florida

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Change  Addition  
17118

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 # 0077482

CR2E037 (9/96)