

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002594 (8)

1. Corporation Name

THE APOSTOLIC CHURCH OF JESUS OF LAKE WALES, FLO
RIDA, INC.



Principal Place of Business

Mailing Address

2306 MAMMOTH GROVE ROAD
LAKW WALES FL 33853

2306 MAMMOTH GROVE ROAD
LAKW WALES FL 33853

3. Date Incorporated or Qualified
06/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2350 Mammouth Grove Road

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Lake Wales, FL

28

City & State

24

Zip

25

Country

29

Zip

30

Country

4. FEI Number

☒ 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

BROWN, THOMAS J SR.
1407 SELPH AVENUE
AVON PARK FL 33825

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 PD
NAME BROWN, THOMAS J SR.
STREET ADDRESS 1407 SELPH AVENUE
CITY-ST-ZIP AVON PARK FL 33825 ☐ DELETE

11 TITLE
12 NAME ☐ Change ☐ Addition
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VD
NAME WILSON, ERIC O
STREET ADDRESS 4609 SANDWEDGE WAY
CITY-ST-ZIP SEBRING FL 33872 ☐ DELETE

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE SD
NAME SMITH, MILDRED
STREET ADDRESS 614 BOOKER AVENUE
CITY-ST-ZIP LAKE WALES FL 33853 ☐ DELETE

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE TD
NAME TOMBLIN, TILLIE
STREET ADDRESS 2306 MAMMOTH GROVE ROAD
CITY-ST-ZIP LAKE WALES FL 33853 ☐ DELETE

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D
NAME LUNSFORD, THOMAS J
STREET ADDRESS 3733 PAULA COURT
CITY-ST-ZIP LAKELAND FL 33813 ☐ DELETE

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 if changed, or on an attachment with an address.

SIGNATURE: THOMAS J. BROWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 22, 96

941-453-3348

Daytime Phone #

CR2E037 (12/95)