

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

DOCUMENT # N95000002596 (3)

1. Corporation Name

THE APOSTOLIC CHURCH OF JESUS OF AVON PARK, FLORIDA, INC.



Principal Place of Business

950 CAROLINA AVENUE  
AVON PARK FL 33825

Mailing Address

950 CAROLINA AVENUE  
AVON PARK FL 33825

3. Date Incorporated or Qualified

06/01/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

1407 Selph Avenue

Suite, Apt. #, etc.

27 City & State

28

Avon Park, FL

Zip

29

33825

Country

30

Highlands

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

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

10. Name and Address of New Registered Agent

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, THOMAS J SR.	
STREET ADDRESS	1407 SELPH AVENUE	
CITY - ST - ZIP	AVON PARK FL 33825	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCRAE, VIRGINIA	
STREET ADDRESS	1404 SELPH AVENUE	
CITY - ST - ZIP	AVON PARK FL 33825	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AUSTIN, LAURA	
STREET ADDRESS	2130 W. ARGONAUT ROAD	
CITY - ST - ZIP	AVON PARK FL 33824	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CONNER, FRED	
STREET ADDRESS	310 EAST 1ST STREET	
CITY - ST - ZIP	AVON PARK FL 33825	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HICKS, BEN	
STREET ADDRESS	203 EAST 3RD STREET	
CITY - ST - ZIP	AVON PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HICKS, DAVID	
STREET ADDRESS	202 EAST 3RD STREET	
CITY - ST - ZIP	AVON PARK FL 32825	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Williams, Adolph
5.3 STREET ADDRESS	452 Billy Hill Road
5.4 CITY - ST - ZIP	Avon Park, FL 33825
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hamilton, James
6.3 STREET ADDRESS	201 Short Street
6.4 CITY - ST - ZIP	Avon Park, FL 33825

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-96

941-452-3348

CR2E037 (12/95)