

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003125 (0)

1. Corporation Name

WORD OF POWER OF THE APOSTOLIC FAITH INC.

Principal Place of Business

2959 EDISON AVENUE  
JACKSONVILLE FL 32203

Mailing Address

P.O. BOX 40923  
JACKSONVILLE FL 32203-0923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/30/1995

3a. Date of Last Report  
11/20/1996

2. Principal Place of Business

21 1281 West 22nd. Street

2a. Mailing Address

26 P.O. Box #40923

4. FEI Number

59-3323670

Applied For

Not Applicable

Suite, Apt. #, etc.

22 None

Suite, Apt. #, etc.

27 None

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

23 Jacksonville, FL 32209

City & State

28 Jacksonville, FL 32203-0923

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

24 32209

Country

25 Duval

Zip

29 32203-0923

Country

30 Duval

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POLITE, ALPHONSO  
1444 W 21ST STREET  
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name

Same

82

Street Address (P.O. Box Number is Not Acceptable)

Same

83

84 City

Same

FL

85 Zip Code

Same

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

TITLE D ☐ DELETE

NAME POLITE, ALPHONSO  
STREET ADDRESS 1444 W 21ST STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ DELETE

NAME POLITE, VANESSA D  
STREET ADDRESS 1444 W 21ST STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ DELETE

NAME GREEN, JOHN E  
STREET ADDRESS 1836 FOREST HILL RD  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Minister, Robert Culp  
1.3 STREET ADDRESS 10404 Defant Dr.  
1.4 CITY-ST-ZIP Jacksonville, Florida 32218

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 as an attachment with an address.

SIGNATURE *Alphonso Polite* 8/28/97 815-8892

CP2E037 (4/97)