


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90027 047 ****61.25

DOCUMENT # N96000000710 1. Entity Name THE CHURCH OF THE APOSTOLIC FAITH, INC.					
Principal Place of Business 1313 SW BROOKWOOD ST MADISON FL 32340		Mailing Address RT 3 BOX 138 6009 NE ROCKY FORD RD MADISON FL 32340 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6009 NE ROCKY FORD RD Suite, Apt. #, etc.			
City & State MADISON FLA		City & State MADISON FLA		4. FEI Number 59-3369110	
Zip 32340		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, EARNEST ELDER RT 3 BOX 138 6009 NE ROCKY FORD RD MADISON FL 32340				7. Name and Address of New Registered Agent Name EID-EARNEST JACKSON Street Address (P.O. Box Number is Not Acceptable) 6009 NE ROCKY FORD RD City MADISON FL Zip Code 32340	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D WARD, CLINTON	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RT 7 BOX 928		NAME		
STREET ADDRESS	TALLAHASSEE FL		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	T HODGE, MARY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	108 COLUMBIA		NAME		
STREET ADDRESS	MADISON FL		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	T BARFIELD, EMMA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RT 3 BOX 735		NAME		
STREET ADDRESS	MADISON FL		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	T JACKSON, ARLETHA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RT 3 BOX 138		NAME		
STREET ADDRESS	MADISON FL		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	T BRINSON, GWEN L	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROUTE 3 BOX 78 A		NAME		
STREET ADDRESS	MADISON FL 32340		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	T STEVERNS, MINNIE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	509 SOUTH PARRAMORE STREET		NAME		
STREET ADDRESS	MADISON FL 32340		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					