


NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90062 026 ****61.25

DOCUMENT # <u>N 90000004061</u>	
1. Entity Name <u>Circle, Church of our Lord Jesus Christ of the Apostolic Faith, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # <u>2167 n.w. 64 st</u>		3. Mailing Address <u>6500 S.W. 57 ct</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <u>Miami Fla.</u>	
Zip	Country	Zip	Country
		<u>33143</u>	<u>Dade country</u>

40051301

CR2E037B (5/07)

4. FEI Number <u>650 22 604</u>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	
Name <u>Florence M. Jenkins</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>6500 S.W. 57 ct</u>	
City <u>Miami</u>	FL Zip Code <u>33143</u>

**DO NOT WRITE
IN THIS SPACE**

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 <u>[Signature]</u>	DATE <u>March 18, 2008</u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FEE IS \$61.25 Initial or Amended AR	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
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10. OFFICERS AND DIRECTORS	
TITLE	<u>Elder Williams Rufus Jenkins</u>
NAME	<u>President</u>
STREET ADDRESS	<u>2206 Cimmaron DR.</u>
CITY-ST-ZIP	<u>Killeen, Texas 76054</u>
TITLE	<u>Vice President</u>
NAME	<u>Bessie Jenkins</u>
STREET ADDRESS	<u>6500 S.W. 57 ct</u>
CITY-ST-ZIP	<u>Miami, Fla. 33143</u>
TITLE	<u>Church Secretary</u>
NAME	<u>MARY L. GAUSE</u>
STREET ADDRESS	<u>4431 N.W. 168 TERR</u>
CITY-ST-ZIP	<u>Miami Garden Fla. 33055</u>
TITLE	<u>Treasurer & Trustee</u>
NAME	<u>DOROTHY POWDERN</u>
STREET ADDRESS	<u>5911 S.W. 62 st</u>
CITY-ST-ZIP	<u>Miami, Fla. 33143</u>
TITLE	<u>TRUSTEE</u>
NAME	<u>Florence M. Jenkins</u>
STREET ADDRESS	<u>6500 S.W. 57 ct</u>
CITY-ST-ZIP	<u>Miami, Fla. 33143</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with or without other like empowered.	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #