

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004061

FILED
Apr 29, 2009
Secretary of State

Entity Name: CIRCLE, CHURCH OF OUR LORD JESUS CHRIST OF THE APOSTOLIC FAITH, INC.

Current Principal Place of Business:

2167 N.W. 64 ST
S. MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6500 S.W. 57 CT.
MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0822604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JENKINS, FLORRIE M
6500 S.W. 57 CT.
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: JENKINS, WILLIAM R
Address: 2206 CIMMARON DRIVE
City-St-Zip: KILLEEN, TX 76543

Title: ST () Delete
Name: GAUSE, LOUISE
Address: 2141 NW 65TH STREET
City-St-Zip: MIAMI, FL 33147

Title: VTT () Delete
Name: JENKINS, BESSIE
Address: 6500 SW 57TH STREET
City-St-Zip: SOUTH MIAMI, FL 33143

Title: T () Delete
Name: PLOWDEN, DOROTHY
Address: 5911 S.W. 62ND TERRACE
City-St-Zip: S. MIAMI, FL

Title: T () Delete
Name: JENKINS, FLORRIE M
Address: 6500 S.W. 57 CT
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISE GAUSE

ST

04/29/2009

Electronic Signature of Signing Officer or Director

Date