

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90081 034 ****70.00

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1. Entity Name

**THE APOSTLES FOUNDATION CHURCH OF JESUS
CHRIST INC.**



Principal Place of Business

**920 N. PARSONS AVENUE
SEFFNER FL 33584**

Mailing Address

**920 N. PARSONS AVENUE
SEFFNER FL 33584**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3420153

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUFF, ELROY
2537 DAD WELDON RD.
DOVER FL 33527**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HUFF, ELROY

STREET ADDRESS 2537 DAD WELDON RD.
CITY-ST-ZIP DOVER FL 33527

TITLE VD ☐ Delete
NAME HUFF, LETITIA J

STREET ADDRESS 2537 DAD WLDON RD.
CITY-ST-ZIP DOVER FL 33527

TITLE SD ☐ Delete
NAME HUFF, LETTIA

STREET ADDRESS 2537 DAD WELDON RD.
CITY-ST-ZIP DOVER FL 33527

TITLE S ☒ Delete
NAME HOLLAND, JOSELYN S

STREET ADDRESS 8705 RIVER FOREST CIR
CITY-ST-ZIP TAMPA FL 33604

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Demetra JACKSON

STREET ADDRESS 7210 N. Mahattan AVE Apt. 2622
CITY-ST-ZIP Tampa, FL 33614

TITLE ☐ Change ☒ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pastor Elroy Huff

2/6/06

(813)

833-5686