


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90086 011 ****61.25

DOCUMENT # N97000000743 1. Entity Name COMMUNITY REVIVAL CENTER APOSTOLIC, INC.					
Principal Place of Business 1964 MCQADE STREET JACKSONVILLE, FL 32209			Mailing Address P.O. BOX 61883 JACKSONVILLE, FL 32236		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03142006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3000424				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADAMS, SR., ARTHUR L PASTOR 6030 SUDBURY AVENUE JACKSONVILLE, FL 32210			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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><i>Arthur L Adams</i></u> 3/14/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, SR., ARTHUR L		NAME	Jenkins, Charles	
STREET ADDRESS	6030 SUDBURY AVENUE		STREET ADDRESS	1948 Van Buren Ave	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	S	<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, SONYA		NAME	Grant, Rebecca	
STREET ADDRESS	11050 HARTS RD #1903		STREET ADDRESS	8136 Voonhies Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, ARVIS		NAME	Adams, Sonya	
STREET ADDRESS	4115 ORIELY DRIVE WEST		STREET ADDRESS	7981 Shrike Avenue	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	JACKSONVILLE, FL 32219	
TITLE	T	<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEDLOCK, ANTHONY		NAME	Smith, Sandra	
STREET ADDRESS	7395 HIGH BLUFF RD. NORTH		STREET ADDRESS	1583 Fairfield Place	
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, CARA		NAME		
STREET ADDRESS	4115 ORIELY WEST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JANICE		NAME	Harris, Janice	
STREET ADDRESS	5321 MISSOURI AVE		STREET ADDRESS	6774 Hema Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32254		CITY-ST-ZIP	JACKSONVILLE FL 32209	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Sonya Adams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/14/06 904-353-5970 <small>Date Daytime Phone #</small>		