

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**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**



04042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3000424**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ADAMS, SR., ARTHUR L PASTOR  
6030 SUDBURY AVENUE  
JACKSONVILLE, FL 32210**

**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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

|                |                           |
|----------------|---------------------------|
| TITLE          | PD                        |
| NAME           | ADAMS, SR., ARTHUR L      |
| STREET ADDRESS | 6030 SUDBURY AVENUE       |
| CITY-STATE-ZIP | JACKSONVILLE, FL 32210    |
| TITLE          | S                         |
| NAME           | ADAMS, SONYA              |
| STREET ADDRESS | 7981 SHRIKE AVENUE        |
| CITY-STATE-ZIP | JACKSONVILLE, FL 32219    |
| TITLE          | T                         |
| NAME           | JENKINS, CHARLES          |
| STREET ADDRESS | 1948 VAN BUREN AVE        |
| CITY-STATE-ZIP | JACKSONVILLE, FL 32208    |
| TITLE          | T                         |
| NAME           | MEDLOCK, ANTHONY          |
| STREET ADDRESS | 7395 HIGH BLUFF RD. NORTH |
| CITY-STATE-ZIP | JACKSONVILLE, FL 32244    |
| TITLE          | C                         |
| NAME           | GRANT, REBECCA            |
| STREET ADDRESS | 8136 VOONHINES RD         |
| CITY-STATE-ZIP | JACKSONVILLE, FL 32209    |
| TITLE          | C                         |
| NAME           | HARRIS, JANICE            |
| STREET ADDRESS | 6774 HEMA RD              |
| CITY-STATE-ZIP | JACKSONVILLE, FL 32209    |

000000892342  
04/23/09-80062-003 61.25

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Sonya Adams* 4-408

DATE

904  
3635710