

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000001045 1. Entity Name FIRST APPRENTICESHIP CHURCH OF GOD, INC.	
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Principal Place of Business 1555 STATE RD 37 NORTH MULBERRY, FL 33860 US	Mailing Address 135 WHITFIELD STREET MULBERRY, FL 33860
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DO NOT WRITE IN THIS SPACE



04032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3429349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COOK, WILLIE L JR 1555 STATE ROAD 37, NORTH MULBERRY, FL 33860

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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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000510688 04/18/05-80014-076 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOK, WILLIE L JR. 1555 STATE RD 37 NORTH MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OCASIO, VERONICA L 1555 STATE RD 37 NORTH MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOK, DORIS 1555 STATE RD 37 NORTH MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Veronica L. Ocasio 4-12-05 863428-2598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #