

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

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1. Corporation Name

TRUE WITNESS CHURCH OF JESUS CHRIST APOSTOLIC, I  
NC.

Principal Place of Business

4306 NORTH STATE ROAD #7  
LAUDERDALE LAKES FL 33309

Mailing Address

C/O REV. HENRY J. MCKOY  
3971 N.W. 51 AVENUE  
LAUDERDALE LAKES FL 33309



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

APPLIED FOR 65-0749372

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MCKOY, HENRY  
3971 N.W. 51 AVENUE  
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

81 Name

Henry Mckoy

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

c/o Sandra Mckoy

83

1148 Alabama Ave

84 City

FT Laud

FL

85 Zip Code

33312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME MCKOY, HENRY J  
STREET ADDRESS 3971 N.W. 51 AVENUE  
CITY-ST-ZIP LAUDERDALE LAKES FL 33309

DELETE

TITLE DS  
NAME LOWERY, RUTH  
STREET ADDRESS 3971 N.W. 51 AVENUE  
CITY-ST-ZIP LAUDERDALE LAKES FL 33309

DELETE

TITLE DS  
NAME MCKOY, EULEM P  
STREET ADDRESS 1148 ALABAMA AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33312

DELETE

TITLE DT  
NAME THOMPSON, HYACINTH  
STREET ADDRESS 1020 INDIANA AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

DELETE

TITLE  
NAME KATHLEEN GRANT  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 792 0664

Date

Daytime Phone #

2/11/99

CR2E037 (11/98)