2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002491

FILED Jan 23, 2004 Secretary of State

Entity Name: TRUE WITNESS CHURCH OF JESUS CHRIST APOSTOLIC, INC.

Current Principal Place of Business: New Principal Place of Business: 185 NW 30TH AVE POMPANO BEACH, FL 33069 **Current Mailing Address: New Mailing Address:** 185 NW 30TH AVE PO BOX 666806 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33066 FEI Number: 65-0749372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCKOY, HENRY SR MCKOY, HENRY J SR 185 NW 30TH AVE 185 NW 30TH AVE POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 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. SIGNATURE: HENRY J. MCKOY SR 01/23/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete MKOY, HENRY J SR Name: Name: 185 NW 30TH AVE Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: DS () Delete Title: () Change () Addition LOWERY, RUTH Name: Name: Address: 185 NW 30TH AVE Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: DVP () Delete Title: () Change () Addition MCKOY, EULEM P Name: Name: 185 NW 30TH AVE Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: () Delete Title: () Change () Addition JONES-THOMPSON, HYACINTH Name: Name: 185 NW 30TH AVE Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: () Delete Title: () Change () Addition DOUGLAS, LLOYD Name: Name: 185 NW 30TH AVE Address: Address: POMPANO BEACH, FL 33069 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition THOMAS, WINSTON Name: Name: 185 NW 30TH AVE Address: Address: POMPANO BEACH, FL 33069 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EULEM P. MCKOY DVP 01/23/2004