

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002491

FILED
Feb 05, 2008
Secretary of State

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

Current Principal Place of Business:

185 NW 30TH AVE
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

PO BOX 666806
POMPANO BEACH, FL 33066

New Mailing Address:

FEI Number: 65-0749372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKOY, HENRY J SR
185 NW 30TH AVE
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MKOY, HENRY J SR
Address: 185 NW 30TH AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: DS () Delete
Name: LOWERY, RUTH
Address: 185 NW 30TH AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: DVP () Delete
Name: MCKOY, EULEM P
Address: 185 NW 30TH AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: O () Delete
Name: SAUNDERS, FINSLEY
Address: 185 NW 30TH AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: O () Delete
Name: DOUGLAS, LLOYD
Address: 185 NW 30TH AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: O () Delete
Name: ELLIOT, NOELLYN
Address: 185 NW 30TH AVE
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

VP

02/05/2008

Electronic Signature of Signing Officer or Director

Date