

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).


**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90009 003 \*\*\*\*\*2.00  
03-17-1999 90009 004 \*\*\*\*\*60.00  
09-01-1999 90023 010 \*\*\*\*\*62.00

\* 6 612017-90023-10 7 \*



03/17/99 90009 004 \$02.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000003675**

1. Corporation Name

**TRUE FAITH ORIGINAL APOSTOLIC CHURCH OF JESUS, I. NC.**

Principal Place of Business

3250 NW 2ND ST  
FORT LAUDERDALE, FL 33311

Mailing Address

3250 NW 2ND ST  
FORT LAUDERDALE FL 33311

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 3250 NW 2nd St	06/23/1998
22 City & State	27 Suite, Apt. #, etc.	4. FEI Number
23 Ft Lauderdale Fla	28	65-0934795
24 Zip 33311	29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Broward	30 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
26	31	Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILBERT, OLLIE M**  
3250 NW 2ND ST  
FORT LAUDERDALE FL 33311

81 Name

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

83

84 City

**FL**

85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	David Powell	1.2 NAME	Felicia E Powell
STREET ADDRESS	3250 NW 2nd St	1.3 STREET ADDRESS	3250 NW 2nd St #A
CITY-ST-ZIP	Ft Lauderdale Fla 33311	1.4 CITY-ST-ZIP	Ft Lauderdale Fla 33311
TITLE	V	2.1 TITLE	D
NAME	Betty Jean Powell	2.2 NAME	David SA Powell
STREET ADDRESS	3250 NW 2nd St	2.3 STREET ADDRESS	3250 NW 2nd St
CITY-ST-ZIP	Ft Lauderdale Fla 33311	2.4 CITY-ST-ZIP	Ft Lauderdale Fla 33311
TITLE	S	3.1 TITLE	
NAME	Ollie Mae Gilbert	3.2 NAME	
STREET ADDRESS	3250 NW 2nd St #B	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale Fla 33311	3.4 CITY-ST-ZIP	
TITLE	Tr	4.1 TITLE	
NAME	Eugene Robinson	4.2 NAME	
STREET ADDRESS	506 S. Phippen Rd	4.3 STREET ADDRESS	
CITY-ST-ZIP	Dania Fl. 33004	4.4 CITY-ST-ZIP	
TITLE	Tr	5.1 TITLE	
NAME	Rosa Wilson	5.2 NAME	
STREET ADDRESS	3245 N.W. 2nd Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale Fl. 33311	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	Jerome Lee Powell	6.2 NAME	
STREET ADDRESS	3250 NW 2nd St	6.3 STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale Fla 33311	6.4 CITY-ST-ZIP	

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 an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-99

CR2E037 (5/99)