

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90450 005 ****61.25

DOCUMENT # N98000003675

1. Entity Name

**TRUE FAITH ORIGINAL APOSTOLIC CHURCH OF
JESUS, INC.**



Principal Place of Business

**1104 NW 6TH STREET
FORT LAUDERDALE FL 33311**

Mailing Address

**1700 NW 15TH AVE
FORT LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0934795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POWELL, FELICA
3250 NW 2ND STREET
FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **POWELL, DAVID**
STREET ADDRESS **3250 NORTHWEST 2ND STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **V** ☐ Delete
NAME **POWELL, BETTY JEAN**
STREET ADDRESS **3250 NORTHWEST 2ND STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **S** ☒ Delete
NAME **WILCHER, DELORIS**
STREET ADDRESS **1127 NORTH WEST 1ST AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **D** ☒ Delete
NAME **SHEPPARD, PATRICIA**
STREET ADDRESS **5211 NORTH WEST 17 STREET APT E**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **W** ☐ Delete
NAME **WILSON, ROSA**
STREET ADDRESS **3245 NORTH EAST 2ND STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **D** ☐ Delete
NAME **ODUM, JOHN**
STREET ADDRESS **210 NORTH EAST 35TH COURT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Betty Jean Powell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 28-004