

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002778

FILED
Apr 30, 2006
Secretary of State

Entity Name: CHURCH OF CHRIST OF THE APOSTLIC FAITH INC.

Current Principal Place of Business:

110 W. HIGHLAND ST.
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

PO BOX 2145
LAKELAND, FL 33806

New Mailing Address:

FEI Number: 59-3578069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENSON, KEITH E
3311 IMPERIAL IN.
LAKELAND, FL 33813 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: PD () Delete
Name: STEPHENSON, KEITH E
Address: 3311 IMPERIAL IN.
City-St-Zip: LAKELAND, FL 33813

Title: EVP () Delete
Name: SMITH, SHAWN
Address: 2231 HONEY COMB LN.
City-St-Zip: LAKELAND, FL 33801

Title: T () Delete
Name: STEPHENSON, TERRI A
Address: 3311 IMPERIAL IN.
City-St-Zip: LAKELAND, FL 33813

Title: AT () Delete
Name: STEPHENSON, DONAE
Address: 201 STAR LIGHT COVE
City-St-Zip: ORLANDO, FL 32807

Title: STD () Delete
Name: SMITH, LA TOSHA
Address: 2831 HONEY COMB LN.
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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: KEITH E. STEPHENSON

RA

04/30/2006

Electronic Signature of Signing Officer or Director

Date