


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

| | | |
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| DOCUMENT # N99000006413 | |  |
| 1. Entity Name TRUE UNITED CHURCH OF JESUS CHRIST APOSTOLIC, INC. | | |
| Principal Place of Business 2333 GOLDENROD ROAD ORLANDO, FL 32822 US | Mailing Address 2333 GOLDENROD ROAD ORLANDO, FL 32822 US | |



04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 59-3610216 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**CRAWFORD, NEVILLE
8004 STRIPED MARLIN WAY
ORLANDO, FL 32822**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT CRAWFORD, NEVILLE 8004 STRIPED MARLIN WAY ORLANDO, FL 32822 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST CRAWFORD, CAROL 8004 STRIPED MARLIN WAY ORLANDO, FL 32822 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT BARTLY, SHAWN 167 BRECK RIDGE DR SICKLERVILLE, NJ 08081 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000320907
04/21/05-80057-010 70.00

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IN THIS SPACE**

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: *Neville Crawford* **NEVILLE CRAWFORD** **4-11-05** **407 305-9851**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone