

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

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90342 034 ****61.25

DOCUMENT # *N99000006413*
1. Entity Name
*True United Church of Jesus
Christ apostolic inc.*



DO NOT WRITE IN THIS SPACE

20027658

2. Principal Place of Business
2333 Goldenrod Road
Suite, Apt. #, etc.

3. Mailing Address
2333 Goldenrod Road
Suite, Apt. #, etc.

CR2E037B (8/05)

City & State
Orlando FL
Zip
32822
Country
ORANGE

City & State
Orlando FL
Zip
32822
Country
ORANGE

4. FEI Number
59-36-10216
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City **FL** Zip Code

**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]*

* Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-06

FEE IS \$61.25
Initial or Amended AR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*P.T.
Neville Crawford
4240 Newtonhall Drive
Orlando FL 32826*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*ST
Carol Crawford
4240 Newtonhall Drive
Orlando FL 32826*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VPT
Shawn Bartley
167 Breckenridge Ave.
Salemville NJ 08081*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: *Neville Crawford*

4-4-06

407 208 9851