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

DOCUMENT # N99000006413 1. Entity Name United Church of Jesus christ apostolic inc.



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

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

DO NOT WRITE IN THIS SPACE

20027658

						Moo.				
2. Bringing Blood of Bug	inana	3. Mailing Address								
2. Principal Place of Business 2333 Goldswood Road		2333 Golden Rod Road.								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CR2E037B (8/05)				
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City & State1		City & State			İ	4. FEI Number				Applied For
ORlando M.		OMando			59-36-1021b No			Not Applicable		
Zip Country ORAN &E				ountry		5. Certificate of Status Desired \$8.75 A				
32822 ORANBE		32822 01		lange.		Fee Hequired			uired	
			ļ .	•	7. Name and Address of Current Registered Agent					
			Name		_					
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)						
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\$	E			City		·		FL	Zip	Code
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 The hove named enter the obligations of regions. 	tity submits this statement fo	or the purpose of changing i	ts register	ed office or re	gister	ed agent, or both, in	the state of Florida.	l am far	niliar w	ith, and accept
the obligations of regi	stered agent.	(D)								
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SIGNATURE SIgnature, typed or printed name of registered agent and the supplicable (NOTE Registered Agent signature re-						DATE DATE				
· Signature, typ	ed or printed name of registered agent	and the Abblicable (No	JIE Registere	o Agent signature in	ieguiea	when remsialing)		DAIL		
55	ampaign F	inancino	_ \$5.00 May Be Make Check Payable to				ble to			
FEE IS \$61.25: 9. Election Campa Initial or Amended AR Trust Fund Cont						Added to Fees Florida Department of State				
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10. OFFICERS AND DIRECTORS										
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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 Causard

4-4-06 407 208 9851