

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90009 024 \*\*\*\*80.00

**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**

**DO NOT WRITE IN THIS SPACE**



04202007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**59-3610216**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

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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, 2007**

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  
BARTLEY, SHAWN  
187 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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. 19. 07.  
Date

Daytime Phone # \_\_\_\_\_