

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006413

FILED  
May 06, 2009  
Secretary of State

**Entity Name:** TRUE UNITED CHURCH OF JESUS CHRIST APOSTOLIC, INC.

**Current Principal Place of Business:**

3823 SOUTH CHICKASAW TRAIL  
ORLANDO, FL 32829 US

**New Principal Place of Business:**

**Current Mailing Address:**

3823 SOUTH CHICKASAW TRAIL  
ORLANDO, FL 32829 US

**New Mailing Address:**

3823 SOUTH CHICKASAW TRAIL  
ORLANDO, FL 32829 US

**FEI Number:** 59-3610216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CRAWFORD, NEVILLE  
4240 NEWTONHALL DRIVE  
ORLANDO, FL 32826 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: PT ( ) Delete  
Name: CRAWFORD, NEVILLE  
Address: 4240 NEWTONHALL DRIVE  
City-St-Zip: ORLANDO, FL 32826

Title: ST ( ) Delete  
Name: CRAWFORD, CAROL  
Address: 4240 NEWTONHALL DRIVE  
City-St-Zip: ORLANDO, FL 32826

Title: VPT ( ) Delete  
Name: BARTLEY, SHAWN  
Address: 167 BRECK RIDGE DR  
City-St-Zip: SICKLERVILLE, NJ 08081

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: ( ) Change ( ) Addition  
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 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: NEVILLE CRAWFORD

PT

05/06/2009

Electronic Signature of Signing Officer or Director

Date