

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P02829 (0)**  
 1. Corporation Name  
**CHURCH OF JESUS CHRIST (APOSTOLIC) INCORPORATED**



Principal Place of Business P.O. BOX 450249 FT. LAUDERDALE FL 33345	Mailing Address P.O. BOX 450249 FT. LAUDERDALE FL 33345
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3. Date Incorporated or Qualified <b>07/25/1984</b>
4. FEI Number <b>23-7158231</b>
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WILLIAMS, REV. C.M.E.**  
**6045 18 ST S**  
**ST PETERSBURG FL 33712**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BISHOP R.C.	1.2 NAME	
STREET ADDRESS	691-11TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PATERSON NJ	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, REV. J.N.	2.2 NAME	
STREET ADDRESS	664 EAST 29TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PATERSON NJ	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOKOY, REV. W.G.	3.2 NAME	
STREET ADDRESS	455 EAST 29TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PATERSON NJ	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, MRS. LINDA M.	4.2 NAME	
STREET ADDRESS	317 EAST 32ND STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PATERSON NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKE, DEACON W.A.	5.2 NAME	
STREET ADDRESS	5 HENRY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PATERSON NJ	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. C.M.E. Williams 7/20/98 813-864-3477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)